

UTAH STATE PLAN ATTACHMENT 4.19-A

INPATIENT HOSPITAL

T.N. # 01-30

Approval Date 3-19-02

Supersedes T.N. # New

Effective Date 10-1-01

INPATIENT HOSPITAL

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

T.N. # 01-30

Approval Date 3-19-02

Supersedes T.N. # 97-15

Effective Date 10-1-01

INPATIENT HOSPITAL
Section 100 Payment Methodology

110 Introduction -- Under a Diagnostic Related Group (DRG) system, hospitals are paid a prospectively determined amount for each qualifying patient discharge. DRG weights are established to recognize the relative amount of resources consumed to treat a particular type of patient. The DRG classification scheme assigns each hospital patient to one of over 500 categories or DRGs based on the patient's diagnosis, age and sex, any surgical procedures performed, complicating conditions, and discharge status. Each DRG is assigned a weighting factor which reflects the quantity and type of hospital services generally needed to treat a patient with that condition. Preset prices are assigned to each DRG. The DRG system allows for outliers for those discharges that have significant variance from the norm. Each DRG has an outlier threshold (which is a multiple – found in ATTACHMENT 4.19-A (TABLES)) times its base DRG payment. For example in 2003 this factor was 2.565.

121 DRG Weights and Outliers -- The DRG weights are intended to reflect relative resource consumption. To establish DRG weights, data used were extracted from the Utah paid claims history files for a two-year period. Where the history did not contain a sufficient number of claims to adequately address the variance in charges and patient lengths of stay, HCFA weights, and ALOS were adjusted and used.

The Utah DRG weights were calculated from paid claims history data when there were more than 15 cases. The data base included FY 1998 and FY 1999 paid claims history. Outliers were excluded in calculating the ALOS. Also, excluded were claims from rural hospitals. The geometric mean charge is calculated for each DRG. A statewide geometric mean charge for all cases is also calculated. The relative weight of each DRG is a function of the relationship between the geometric mean charge for each DRG and the geometric mean charge for all applicable DRGs. To determine the relative weight, the geometric mean charge for each DRG is divided by the statewide geometric mean charge per discharge.

The outlier payment threshold limit is a multiple of the base DRG payment. Additional payments are paid for charges in excess of the threshold at a percentage of charges adjusted by a case mix and hospital charge structure differential. A case mix index is calculated from the sum of Medicaid weights (excluding outliers) divided by hospital cases for each hospital. The case mix index is normalized. The normalized case mix index is adjusted for the average charge per case (hospital CMI adjusted charge per case), by hospital. The final adjustment factor is then calculated by dividing the hospital CMI adjusted charge per case by the statewide CMI adjusted charge per case.

There is a special calculation for DRGs 433 through 437 involving alcohol and drugs. Because the Medicaid scope of service is limited to detoxification, the payment rate for these DRGs is based on an average length of stay of three days.

122 Dollar Multiplier -- There is a single dollar multiplier for all DRGs. The Dollar multiplier and percent of charges at which outliers are paid are outlined (in detail, by individual provider at the following web site. These factors are adjusted periodically and ARE posted at our web site: http://www.health.state.ut.us/medicaid/st_plan/bcrp.htm.

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INPATIENT HOSPITAL
Section 100 Payment Methodology

The Dollar Multiplier or “base rate” as shown in the schedule is as follows: *(Note- these can be found at the web site)*. The following Tables can be found in the section.

122 (B) Example:

NOTE: TABLES USED IN THIS EXAMPLE PERTAIN TO THE TABLES LOCATED IN ATTACHMENT 4.19-A (TABLES) OF THE STATE PLAN.

EXAMPLE OF OUTLIER PAYMENT			
Example:	Provider A	Ref.	Source or Formula
Base Rate: (Applicable to All Providers for all DRGs this year)	\$5,668.78	1	Table 2, Dollar Unit Multiplier
DRG No.	1	2	Table 1, 2003 DRG Listing
DRG Weight (specific to this DRG)	2.3928	3	Table 2, Dollar Unit Multiplier
Outlier Threshold Applicable to all providers for this year	2.565	4	Table 2, Dollar Unit Multiplier
DRG Average Length of Stay (specific to this DRG)	6.51	5	Table 1, 2003 DRG Listing
Outlier Adjustment Factor (Adjusts Provider’s charges to “normalized” level)	0.9000	6	Table 3, Hospital Outlier Factor (Sample case not shown)
Base DRG Payment Rate (Weight X Base Rate)	\$13,564.26	7	= (1) x (4) - calculated
DRG Outlier Threshold (Outlier Threshold Factor X Base DRG Payment Rate)	\$34,792.32	8	= (4) x (7) - calculated
Total Charges (Provider’s specific Charge for this claim)	\$52,516.09	9	Provider Records
Charges in Excess of Threshold	\$17,723.77	10	= (9) - (8) - calculated
Payment for this DRG		11	
DRG Base Amount	\$13,564.26	12	= (7) - calculated
Outlier Payment	\$15,951.39	13	= (6) x (10) - calculated
Total Base Payments	\$29,515.65	14	= (12) + (13) - calculated

123 Effective Dates for Rates -- Payment rates will be effective based on “date of discharge.” When a patient is transferred from another hospital, as opposed to discharged, the payment will be calculated using the rate in effect at the time of discharge.

130 Property and Education -- The Medicaid DRG payment rates are all inclusive. There are no designated pass-through costs or other add-on factors for costs such as capital, education or other expenditures. However, these factors are reflected in the hospital charge structure used to calculate the DRG payment.

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ATTACHMENT 4.19-A (TABLES)

42 CFR
440.20

ATTACHMENT 4.19-A (TABLES)

TABLES USED IN DRG RATE CALCULATIONS:

NOTE: Shown are the current year DRG tables only

TABLE 1, 2003 DRG LISTING

DRG	DRG Description	Description	Weight	ALOS
1	001 - CRANIOTOMY EX TRAUMA >17	CRANIOTOMY EX TRAUMA >17	2.3928	6.51
2	002 - CRANIOTOMY FOR TRAUMA >17	CRANIOTOMY FOR TRAUMA >17	4.8327	7.35
3	003 - CRANIOTOMY <18	CRANIOTOMY <18	1.8391	6.07
4	004 - SPINAL PROCEDURES	SPINAL PROCEDURES	1.9572	4.28
5	005 - EXTRACRANIAL VASCULAR PROC	EXTRACRANIAL VASCULAR PROC	1.6153	4.95
6	006 - CARPAL TUNNEL RELEASE	CARPAL TUNNEL RELEASE	1.1183	1.61
7	007 - PER/CRAN NRV/OTH OR W CC	PER/CRAN NRV/OTH OR W CC	2.8876	12.55
8	008 - PER/CRAN NRV/OTH OR	PER/CRAN NRV/OTH OR	2.1597	3.00
9	009 - SPINAL DISORDERS & INJURY	SPINAL DISORDERS & INJURY	1.1241	6.86
10	010 - NERV SYS NEOPLASMS W CC	NERV SYS NEOPLASMS W CC	1.2307	6.00
11	011 - NERV SYS NEOPLASMS	NERV SYS NEOPLASMS	0.5741	4.70
12	012 - DEGEN NERVOUS SYS DISORDER	DEGEN NERVOUS SYS DISORDER	1.1152	7.26
13	013 - MULT SCLEROSIS & CER ATAX	MULT SCLEROSIS & CER ATAX	0.8175	9.17
14	014 - SPEC CEREB DISORDERS X TIA	SPEC CEREB DISORDERS X TIA	1.4558	4.78
15	015 - TIA & PRECEREB OCCLUSIONS	TIA & PRECEREB OCCLUSIONS	0.7085	4.06
16	016 - NONSPEC CEREB DISOR W/CC	NONSPEC CEREB DISOR W/CC	1.2479	5.56
17	017 - CRAN & PER NRV DISOR W CC	CRAN & PER NRV DISOR W CC	0.7733	3.71
18	018 - NONSPEC CEREB DISOR W/O CC	NONSPEC CEREB DISOR W/O CC	0.9825	5.25
19	019 - CRAN & PER NRV DISOR	CRAN & PER NRV DISOR	0.4875	3.71
20	020 - NRV SYS INFECT X VIR MENIN	NRV SYS INFECT X VIR MENIN	1.8200	6.83
21	021 - VIRAL MENINGITIS	VIRAL MENINGITIS	0.6429	2.86
22	022 - HYPERTENSIVE ENCEPHALOPHY	HYPERTENSIVE ENCEPHALOPHY	0.9740	3.59
23	023 - NONTRAUMATIC STUPOR & COMA	NONTRAUMATIC STUPOR & COMA	0.8409	4.14
24	024 - SEIZURE & HEADACHE >17CC	SEIZURE & HEADACHE >17CC	1.0151	4.23
25	025 - SEIZURE & HEADACH >17 WO CC	SEIZURE & HEADACH >17 W O CC	0.5193	2.45

03-010 Effective for discharges occurring on or after October 1, 2003

ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
26	<u>026 - SEIZURE & HEADACHE <18</u>	<u>SEIZURE & HEADACHE <18</u>	<u>0.5934</u>	<u>2.31</u>
27	<u>027 - TRAUM STUP/COMA >1 HR</u>	<u>TRAUM STUP/COMA >1 HR</u>	<u>1.6983</u>	<u>5.38</u>
28	<u>028 - TRAUM STUP/COMA <1HR >17CC</u>	<u>TRAUM STUP/COMA <1HR >17CC</u>	<u>1.2579</u>	<u>5.50</u>
29	<u>029 - TRAUM STUP/COMA <1HR >17</u>	<u>TRAUM STUP/COMA <1HR >17</u>	<u>0.7807</u>	<u>3.21</u>
30	<u>030 - TRAUM STUP/COMA <1HR <18</u>	<u>TRAUM STUP/COMA <1HR <18</u>	<u>0.6929</u>	<u>2.32</u>
31	<u>031 - CONCUSSION >17 W CC</u>	<u>CONCUSSION >17 W CC</u>	<u>0.8538</u>	<u>3.71</u>
32	<u>032 - CONCUSSION >17</u>	<u>CONCUSSION >17</u>	<u>0.4940</u>	<u>2.29</u>
33	<u>033 - CONCUSSION <18</u>	<u>CONCUSSION <18</u>	<u>0.4028</u>	<u>1.31</u>
34	<u>034 - OTH NRV SYS DISORDER W CC</u>	<u>OTH NRV SYS DISORDER W CC</u>	<u>1.2492</u>	<u>4.69</u>
35	<u>035 - OTH NRV SYS DISORDER WO CC</u>	<u>OTH NRV SYS DISORDER WO CC</u>	<u>0.7222</u>	<u>3.46</u>
36	<u>036 - RETINAL PROCEDURES</u>	<u>RETINAL PROCEDURES</u>	<u>0.9466</u>	<u>4.62</u>
37	<u>037 - ORBITAL PROCEDURES</u>	<u>ORBITAL PROCEDURES</u>	<u>1.4440</u>	<u>2.53</u>
38	<u>038 - PRIMARY IRIS PROCEDURES</u>	<u>PRIMARY IRIS PROCEDURES</u>	<u>0.6566</u>	<u>1.73</u>
39	<u>039 - LENS PROCEDURES</u>	<u>LENS PROCEDURES</u>	<u>1.0507</u>	<u>1.30</u>
40	<u>040 - EXTRAOCULAR EX ORBIT >17</u>	<u>EXTRAOCULAR EX ORBIT >17</u>	<u>1.3722</u>	<u>1.61</u>
41	<u>041 - EXTRAOCULAR EX ORBIT <18</u>	<u>EXTRAOCULAR EX ORBIT <18</u>	<u>1.0313</u>	<u>1.25</u>
42	<u>042 - OTH INTRAOCULAR PROCEDURES</u>	<u>OTH INTRAOCULAR PROCEDURES</u>	<u>0.7882</u>	<u>3.11</u>
43	<u>043 - HYPHEMA</u>	<u>HYPHEMA</u>	<u>0.4235</u>	<u>2.78</u>
44	<u>044 - ACUTE MAJOR EYE INFECTIONS</u>	<u>ACUTE MAJOR EYE INFECTIONS</u>	<u>0.5846</u>	<u>2.65</u>
45	<u>045 - NEUROLOGICAL EYE DISORDERS</u>	<u>NEUROLOGICAL EYE DISORDERS</u>	<u>0.8987</u>	<u>2.66</u>
46	<u>046 - OTH EYE DISORDR >17 W/CC</u>	<u>OTH EYE DISORDR >17 W/CC</u>	<u>0.8276</u>	<u>3.46</u>
47	<u>047 - OTH EYE DISORDR >17</u>	<u>OTH EYE DISORDR >17</u>	<u>0.6249</u>	<u>2.23</u>
48	<u>048 - OTH EYE DISORDR <18</u>	<u>OTH EYE DISORDR <18</u>	<u>0.4743</u>	<u>2.26</u>
49	<u>049 - MAJOR HEAD & NECK PROC</u>	<u>MAJOR HEAD & NECK PROC</u>	<u>2.6313</u>	<u>9.70</u>
50	<u>050 - SIALOADENECTOMY</u>	<u>SIALOADENECTOMY</u>	<u>1.1146</u>	<u>2.10</u>
51	<u>051 - SALIV GLAND O.R. X SIALOAD</u>	<u>SALIV GLAND O.R. X SIALOAD</u>	<u>0.9534</u>	<u>1.79</u>
52	<u>052 - CLEFT LIP & PALATE REPAIR</u>	<u>CLEFT LIP & PALATE REPAIR</u>	<u>0.5755</u>	<u>1.37</u>
53	<u>053 - SINUS & MASTOID PROC >17</u>	<u>SINUS & MASTOID PROC >17</u>	<u>0.9349</u>	<u>2.05</u>
54	<u>054 - SINUS & MASTOID PROC <18</u>	<u>SINUS & MASTOID PROC <18</u>	<u>1.3256</u>	<u>2.50</u>
55	<u>055 - MISC ENMT PROCEDURES</u>	<u>MISC ENMT PROCEDURES</u>	<u>1.4139</u>	<u>1.71</u>
56	<u>056 - RHINOPLASTY</u>	<u>RHINOPLASTY</u>	<u>1.0562</u>	<u>1.48</u>
57	<u>057 - OTH TONSIL & ADENOID >17</u>	<u>OTH TONSIL & ADENOID >17</u>	<u>0.7414</u>	<u>3.15</u>
58	<u>058 - OTH TONSIL & ADENOID <18</u>	<u>OTH TONSIL & ADENOID <18</u>	<u>1.1444</u>	<u>1.17</u>
59	<u>059 - TONS &/OR ADENOID ONLY >17</u>	<u>TONS &/OR ADENOID ONLY >17</u>	<u>0.7809</u>	<u>1.24</u>

03-010 Effective for discharges occurring on or after October 1, 2003

ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
60	<u>060 - TONS &/OR ADENOID ONLY <18</u>	<u>TONS &/OR ADENOID ONLY <18</u>	0.6094	1.17
61	<u>061 - MYRINGOTOMY W/TUBE INS >17</u>	<u>MYRINGOTOMY W/TUBE INS >17</u>	1.6886	1.98
62	<u>062 - MYRINGOTOMY W/TUBE INS <18</u>	<u>MYRINGOTOMY W/TUBE INS <18</u>	0.7309	1.02
63	<u>063 - OTHER ENMT PROCEDURES</u>	<u>OTHER ENMT PROCEDURES</u>	1.5648	4.57
64	<u>064 - ENMT MALIGNANCY</u>	<u>ENMT MALIGNANCY</u>	0.8151	5.25
65	<u>065 - DYSEQUILIBRIUM</u>	<u>DYSEQUILIBRIUM</u>	0.5581	2.60
66	<u>066 - EPISTAXIS</u>	<u>EPISTAXIS</u>	0.6230	2.41
67	<u>067 - EPIGLOTTITIS</u>	<u>EPIGLOTTITIS</u>	0.6736	3.59
68	<u>068 - OTITIS MEDIA/URI >17 W CC</u>	<u>OTITIS MEDIA/URI >17 W CC</u>	0.4884	3.77
69	<u>069 - OTITIS MEDIA/URI >17</u>	<u>OTITIS MEDIA/URI >17</u>	0.5058	3.03
70	<u>070 - OTITIS MEDIA/URI <18</u>	<u>OTITIS MEDIA/URI <18</u>	0.4085	2.04
71	<u>071 - LARYNGOTRACHEITIS</u>	<u>LARYNGOTRACHEITIS</u>	0.3376	1.61
72	<u>072 - NASAL TRAUMA & DEFORMITY</u>	<u>NASAL TRAUMA & DEFORMITY</u>	0.6670	2.66
73	<u>073 - OTHER ENMT DIAGNOSES >17</u>	<u>OTHER ENMT DIAGNOSES >17</u>	0.7494	3.46
74	<u>074 - OTHER ENMT DIAGNOSES <18</u>	<u>OTHER ENMT DIAGNOSES <18</u>	0.6073	1.64
75	<u>075 - MAJOR CHEST PROCEDURES</u>	<u>MAJOR CHEST PROCEDURES</u>	3.0437	10.73
76	<u>076 - OTH RESP SYS PROC W CC</u>	<u>OTH RESP SYS PROC W CC</u>	2.5111	8.53
77	<u>077 - OTH RESP SYS PROC</u>	<u>OTH RESP SYS PROC</u>	1.5503	4.20
78	<u>078 - PULMONARY EMBOLISM</u>	<u>PULMONARY EMBOLISM</u>	1.2112	5.40
79	<u>079 - RESP INFECT & INFLAM >17CC</u>	<u>RESP INFECT & INFLAM >17CC</u>	1.9114	6.68
80	<u>080 - RESP INFECT & INFLAM >17</u>	<u>RESP INFECT & INFLAM >17</u>	0.7649	6.00
81	<u>081 - RESP INFECT & INFLAM <18</u>	<u>RESP INFECT & INFLAM <18</u>	0.9855	6.69
82	<u>082 - RESPIRATORY NEOPLASMS</u>	<u>RESPIRATORY NEOPLASMS</u>	1.0706	3.88
83	<u>083 - MAJOR CHEST TRAUMA W CC</u>	<u>MAJOR CHEST TRAUMA W CC</u>	1.0483	5.19
84	<u>084 - MAJOR CHEST TRAUMA</u>	<u>MAJOR CHEST TRAUMA</u>	0.6321	3.34
85	<u>085 - PLEURAL EFFUSION W CC</u>	<u>PLEURAL EFFUSION W CC</u>	1.3334	5.56
86	<u>086 - PLEURAL EFFUSION</u>	<u>PLEURAL EFFUSION</u>	0.9098	4.08
87	<u>087 - PULMN EDEMA & RESP FAILURE</u>	<u>PULMN EDEMA & RESP FAILURE</u>	1.5592	5.13
88	<u>088 - CHRONIC OBST PULMN DISEASE</u>	<u>CHRONIC OBST PULMN DISEASE</u>	0.8312	3.51
89	<u>089 - SIMP PNEUMONIA/PLEUR >17CC</u>	<u>SIMP PNEUMONIA/PLEUR >17CC</u>	1.0734	4.43
90	<u>090 - SIMP PNEUMONIA/PLEUR >17</u>	<u>SIMP PNEUMONIA/PLEUR >17</u>	0.7328	3.56
91	<u>091 - SIMP PNEUMONIA/PLEUR <18</u>	<u>SIMP PNEUMONIA/PLEUR <18</u>	0.7032	3.37
92	<u>092 - INTERSTITIAL LUNG W CC</u>	<u>INTERSTITIAL LUNG W CC</u>	1.4065	5.50
93	<u>093 - INTERSTITIAL LUNG</u>	<u>INTERSTITIAL LUNG</u>	1.0734	4.08
94	<u>094 - PNEUMOTHORAX W CC</u>	<u>PNEUMOTHORAX W CC</u>	1.2878	6.00
95	<u>095 - PNEUMOTHORAX</u>	<u>PNEUMOTHORAX</u>	0.5232	4.02

03-010 Effective for discharges occurring on or after October 1, 2003

ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
96	<u>096 - BRONCHITIS & ASTHMA >17CC</u>	<u>BRONCHITIS & ASTHMA >17CC</u>	<u>0.6942</u>	<u>4.20</u>
97	<u>097 - BRONCHITIS & ASTHMA >17</u>	<u>BRONCHITIS & ASTHMA >17</u>	<u>0.5947</u>	<u>2.71</u>
98	<u>098 - BRONCHITIS & ASTHMA <18</u>	<u>BRONCHITIS & ASTHMA <18</u>	<u>0.6177</u>	<u>3.13</u>
99	<u>099 - RESP SIGN/SYMPTOMS W CC</u>	<u>RESP SIGN/SYMPTOMS W CC</u>	<u>0.6968</u>	<u>3.46</u>
100	<u>100 - RESP SIGNS/SYMPTOMS</u>	<u>RESP SIGNS/SYMPTOMS</u>	<u>0.4348</u>	<u>2.15</u>
101	<u>101 - OTH RESP DIAGNOSES W CC</u>	<u>OTH RESP DIAGNOSES W CC</u>	<u>0.7399</u>	<u>3.00</u>
102	<u>102 - OTH RESP DIAGNOSES</u>	<u>OTH RESP DIAGNOSES</u>	<u>0.4483</u>	<u>3.28</u>
103	<u>103 - HEART TRANSPLANT</u>	<u>HEART TRANSPLANT</u>	<u>29.2344</u>	<u>20.58</u>
104	<u>104 - CARDI VALVE PROC W/C-CATH</u>	<u>CARDI VALVE PROC W/C-CATH</u>	<u>7.9909</u>	<u>12.61</u>
105	<u>105 - CARDI VALVE PROC W/O CCATH</u>	<u>CARDI VALVE PROC W/O CCATH</u>	<u>5.8215</u>	<u>6.59</u>
106	<u>106 - CORONARY BYPASS W/C-CATH</u>	<u>CORONARY BYPASS W/C-CATH</u>	<u>5.5434</u>	<u>8.15</u>
107	<u>107 - CORONARY BYPASS W/O C-CATH</u>	<u>CORONARY BYPASS W/O C-CATH</u>	<u>4.4820</u>	<u>5.55</u>
108	<u>108 - OTH CARDIOTHORACIC PROCEDU</u>	<u>OTH CARDIOTHORACIC PROCEDU</u>	<u>5.0746</u>	<u>7.35</u>
109	<u>109 - NO LONGER VALID</u>	<u>NO LONGER VALID</u>	<u>4.0012</u>	<u>10.00</u>
110	<u>110 - MAJ CARDIOVASC PROCS W CC</u>	<u>MAJ CARDIOVASC PROCS W CC</u>	<u>6.0269</u>	<u>11.58</u>
111	<u>111 - MAJ CARDIOVASC PROC W/O CC</u>	<u>MAJ CARDIOVASC PROC W/O CC</u>	<u>3.0192</u>	<u>6.55</u>
112	<u>112 - PERCUTANEOUS CARDIOV PROCS</u>	<u>PERCUTANEOUS CARDIOV PROCS</u>	<u>2.5360</u>	<u>2.81</u>
113	<u>113 - AMPUT X UPPER LMB/TOE-CIRC</u>	<u>AMPUT X UPPER LMB/TOE-CIRC</u>	<u>3.1967</u>	<u>11.62</u>
114	<u>114 - AMPUT UPPER LIMB/TOE-CIRC</u>	<u>AMPUT UPPER LIMB/TOE-CIRC</u>	<u>1.7357</u>	<u>8.65</u>
115	<u>115 - PERM PACEMKR-AMI/CHF/SHOCK</u>	<u>PERM PACEMKR-AMI/CHF/SHOCK</u>	<u>2.8777</u>	<u>9.40</u>
116	<u>116 - OTH PERM PACEMAKER IMPLANT</u>	<u>OTH PERM PACEMAKER IMPLANT</u>	<u>2.9180</u>	<u>2.61</u>
117	<u>117 - PACEMAKER REVISION</u>	<u>PACEMAKER REVISION</u>	<u>1.6076</u>	<u>3.83</u>
118	<u>118 - CARDIAC DEVICE REPLACEMENT</u>	<u>CARDIAC DEVICE REPLACEMENT</u>	<u>2.2082</u>	<u>2.53</u>
119	<u>119 - VEIN LIGATION & STRIPPING</u>	<u>VEIN LIGATION & STRIPPING</u>	<u>1.1159</u>	<u>3.89</u>
120	<u>120 - OTH CIRCULATORY O.R. PROC</u>	<u>OTH CIRCULATORY O.R. PROC</u>	<u>1.8635</u>	<u>10.26</u>
121	<u>121 - CIRC DIS W/AMI W/CMP ALIVE</u>	<u>CIRC DIS W/AMI W/CMP ALIVE</u>	<u>1.8983</u>	<u>4.83</u>
122	<u>122 - CIRC DIS W/AMI ALIVE</u>	<u>CIRC DIS W/AMI ALIVE</u>	<u>1.2801</u>	<u>2.82</u>
123	<u>123 - CIRC DIS W/AMI EXPIRED</u>	<u>CIRC DIS W/AMI EXPIRED</u>	<u>1.6103</u>	<u>3.28</u>
124	<u>124 - CIRC DIS W/C-CATH W/CMP-DX</u>	<u>CIRC DIS W/C-CATH W/CMP-DX</u>	<u>1.5351</u>	<u>3.04</u>
125	<u>125 - CIRC DIS W/C-CATH</u>	<u>CIRC DIS W/C-CATH</u>	<u>1.2378</u>	<u>1.95</u>
126	<u>126 - ACUT/SUBACUTE ENDOCARDITIS</u>	<u>ACUT/SUBACUTE ENDOCARDITIS</u>	<u>2.9887</u>	<u>14.03</u>
127	<u>127 - HEART FAILURE & SHOCK</u>	<u>HEART FAILURE & SHOCK</u>	<u>1.3940</u>	<u>4.82</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
128	<u>128 - DEEP VEIN THROMBOPHLEBITIS</u>	<u>DEEP VEIN THROMBOPHLEBITIS</u>	0.8550	5.63
129	<u>129 - CARDIAC ARREST, UNEXPLAINED</u>	<u>CARDIAC ARREST, UNEXPLAINED</u>	1.5063	3.65
130	<u>130 - PERIPHERAL VASC DIS W CC</u>	<u>PERIPHERAL VASC DIS W CC</u>	0.8345	4.33
131	<u>131 - PERIPHERAL VASC DIS</u>	<u>PERIPHERAL VASC DIS</u>	0.7018	3.46
132	<u>132 - ATHEROSCLEROSIS W CC</u>	<u>ATHEROSCLEROSIS W CC</u>	0.6691	3.71
133	<u>133 - ATHEROSCLEROSIS</u>	<u>ATHEROSCLEROSIS</u>	0.7393	2.84
134	<u>134 - HYPERTENSION</u>	<u>HYPERTENSION</u>	0.6437	4.35
135	<u>135 - CARD CONGEN/VALV DIS >17CC</u>	<u>CARD CONGEN/VALV DIS >17CC</u>	1.0120	4.33
136	<u>136 - CARD CONGEN/VALV DIS >17</u>	<u>CARD CONGEN/VALV DIS >17</u>	0.6923	2.97
137	<u>137 - CARD CONGEN/VALV DIS <18</u>	<u>CARD CONGEN/VALV DIS <18</u>	1.1035	2.58
138	<u>138 - ARRHYTHMIA/CONDUCTVE W CC</u>	<u>ARRHYTHMIA/CONDUCTVE W CC</u>	0.8935	4.19
139	<u>139 - ARRHYTHMIA/CONDUCTVE</u>	<u>ARRHYTHMIA/CONDUCTVE</u>	0.5731	2.38
140	<u>140 - ANGINA PECTORIS</u>	<u>ANGINA PECTORIS</u>	0.5481	2.90
141	<u>141 - SYNCOPE & COLLAPSE W CC</u>	<u>SYNCOPE & COLLAPSE W CC</u>	0.7327	3.39
142	<u>142 - SYNCOPE & COLLAPSE</u>	<u>SYNCOPE & COLLAPSE</u>	0.4926	2.60
143	<u>143 - CHEST PAIN</u>	<u>CHEST PAIN</u>	0.6471	1.65
144	<u>144 - OTH CIRCULATORY DX W CC</u>	<u>OTH CIRCULATORY DX W CC</u>	1.4240	5.05
145	<u>145 - OTH CIRCULATORY DX</u>	<u>OTH CIRCULATORY DX</u>	0.6641	3.09
146	<u>146 - RECTAL RESECTION W CC</u>	<u>RECTAL RESECTION W CC</u>	3.1205	11.13
147	<u>147 - RECTAL RESECTION</u>	<u>RECTAL RESECTION</u>	1.6922	8.04
148	<u>148 - MAJ SM/LG BOWEL PROC W CC</u>	<u>MAJ SM/LG BOWEL PROC W CC</u>	2.9798	11.45
149	<u>149 - MAJ SM/LG BOWEL PROC</u>	<u>MAJ SM/LG BOWEL PROC</u>	1.4638	7.04
150	<u>150 - PERITNL ADHESIOLYSIS W CC</u>	<u>PERITNL ADHESIOLYSIS W CC</u>	2.4664	8.53
151	<u>151 - PERITNL ADHESIOLYSIS</u>	<u>PERITNL ADHESIOLYSIS</u>	1.2601	4.82
152	<u>152 - MIN SM/LG BOWEL PROC W CC</u>	<u>MIN SM/LG BOWEL PROC W CC</u>	1.8501	6.55
153	<u>153 - MIN SM/LG BOWEL PROC</u>	<u>MIN SM/LG BOWEL PROC</u>	1.1853	4.82
154	<u>154 - STOMACH/ESO/DUO PROC >17CC</u>	<u>STOMACH/ESO/DUO PROC >17CC</u>	2.3907	11.21
155	<u>155 - STOMACH/ESO/DUO PROC >17</u>	<u>STOMACH/ESO/DUO PROC >17</u>	1.3818	6.54
156	<u>156 - STOMACH/ESO/DUO PROC <18</u>	<u>STOMACH/ESO/DUO PROC <18</u>	0.9192	5.40
157	<u>157 - ANAL & STOMAL PROC W CC</u>	<u>ANAL & STOMAL PROC W CC</u>	0.8750	4.33
158	<u>158 - ANAL & STOMAL PROC</u>	<u>ANAL & STOMAL PROC</u>	0.6838	2.93
159	<u>159 - HERNIA X ING/FEMORAL >17CC</u>	<u>HERNIA X ING/FEMORAL >17CC</u>	1.0682	4.64
160	<u>160 - HERNIA X ING/FEMORAL >17</u>	<u>HERNIA X ING/FEMORAL >17</u>	0.7968	3.30
161	<u>161 - ING/FEMORAL HERNIA >17CC</u>	<u>ING/FEMORAL HERNIA >17CC</u>	1.2608	2.81
162	<u>162 - ING/FEMORAL HERNIA</u>	<u>ING/FEMORAL HERNIA >17</u>	0.8400	2.04

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
	>17			
163	163 - HERNIA PROCEDURES <18	HERNIA PROCEDURES <18	1.1984	1.19
164	164 - APPENDECTOMY-CMP PDX W CC	APPENDECTOMY-CMP PDX W CC	1.9737	6.19
165	165 - APPENDECTOMY-CMP PDX	APPENDECTOMY-CMP PDX	1.0677	4.40
166	166 - APPENDECTOMY W CC	APPENDECTOMY W CC	0.9919	2.94
167	167 - APPENDECTOMY	APPENDECTOMY	0.6077	1.85
168	168 - MOUTH PROCEDURES W CC	MOUTH PROCEDURES W CC	0.6421	5.07
169	169 - MOUTH PROCEDURES	MOUTH PROCEDURES	1.0743	2.53
170	170 - OTHER DIGESTIVE PROC W CC	OTHER DIGESTIVE PROC W CC	3.1308	10.01
171	171 - OTHER DIGESTIVE PROC	OTHER DIGESTIVE PROC	0.7660	5.81
172	172 - DIGESTIVE SYS MALIG W CC	DIGESTIVE SYS MALIG W CC	1.0099	6.37
173	173 - DIGESTIVE SYS MALIG	DIGESTIVE SYS MALIG	0.8557	4.08
174	174 - GI HEMORRHAGE W CC	GI HEMORRHAGE W CC	1.1450	3.40
175	175 - GI HEMORRHAGE	GI HEMORRHAGE	0.5115	4.00
176	176 - COMPLICATED PEPTIC ULCER	COMPLICATED PEPTIC ULCER	0.9532	4.53
177	177 - UNCOMPL PEPTIC ULCER W CC	UNCOMPL PEPTIC ULCER W CC	0.7096	4.02
178	178 - UNCOMPL PEPTIC ULCER	UNCOMPL PEPTIC ULCER	0.5792	3.15
179	179 - INFLAMMATORY BOWEL DISEASE	INFLAMMATORY BOWEL DISEASE	0.6889	6.47
180	180 - GI OBSTRUCTION W CC	GI OBSTRUCTION W CC	0.8899	4.09
181	181 - GI OBSTRUCTION	GI OBSTRUCTION	0.5811	4.10
182	182 - ESOPH/GASTRO/MISC >17CC	ESOPH/GASTRO/MISC >17CC	0.8564	3.32
183	183 - ESOPH/GASTRO/MISC >17	ESOPH/GASTRO/MISC >17	0.5151	2.32
184	184 - ESOPH/GASTRO/MISC <18	ESOPH/GASTRO/MISC <18	0.4655	2.39
185	185 - DENTAL/ORAL DIS X EXTR >17	DENTAL/ORAL DIS X EXTR >17	0.8630	3.96
186	186 - DENTAL/ORAL DIS X EXTR <18	DENTAL/ORAL DIS X EXTR <18	0.6075	2.26
187	187 - EXTRACTIONS & RESTORATIONS	EXTRACTIONS & RESTORATIONS	0.7640	1.73
188	188 - OTH DIGESTIVE SYS DX >17CC	OTH DIGESTIVE SYS DX >17CC	1.0636	4.36
189	189 - OTH DIGESTIVE SYS DX >17	OTH DIGESTIVE SYS DX >17	0.6155	2.60
190	190 - OTH DIGESTIVE SYS DX <18	OTH DIGESTIVE SYS DX <18	0.6773	3.03
191	191 - PANCREAS/LIVER/SHUNT W CC	PANCREAS/LIVER/SHUNT W CC	4.9792	12.80
192	192 - PANCREAS/LIVER/SHUNT OR	PANCREAS/LIVER/SHUNT OR	2.5121	12.05
193	193 - BILIARY TRACT X CHOLE W CC	BILIARY TRACT X CHOLE W CC	3.8253	10.82
194	194 - BILIARY TRCT X CHOLE W/O C	BILIARY TRCT X CHOLE W/O C	2.0061	7.60
195	195 - CHOLCYSTCTOMY W C.D.E. W C	CHOLCYSTCTOMY W C.D.E. W C	1.5176	6.68

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
196	<u>196 - CHOLCYSTCTOMY W C.D.E.W/OC</u>	<u>CHOLCYSTCTOMY W C.D.E.W/OC</u>	<u>1.9909</u>	<u>6.68</u>
197	<u>197 - CHOLECYSTECTOMY W/O CDE WC</u>	<u>CHOLECYSTECTOMY W/O CDE WC</u>	<u>2.7423</u>	<u>5.80</u>
198	<u>198 - CHOLECYSTCTOMY W/OCDE W/OC</u>	<u>CHOLECYSTCTOMY W/OCDE W/OC</u>	<u>1.0443</u>	<u>4.20</u>
199	<u>199 - HEPATOBILRY EXPLOR W/MALIG</u>	<u>HEPATOBILRY EXPLOR W/MALIG</u>	<u>3.0677</u>	<u>9.46</u>
200	<u>200 - HEPATOBILRY EXPLOR N-MALIG</u>	<u>HEPATOBILRY EXPLOR N- MALIG</u>	<u>4.1520</u>	<u>8.34</u>
201	<u>201 - OTH HEPATOBILRY/PANCREAS OR</u>	<u>OTH HEPATOBILRY/PANCREAS OR</u>	<u>5.4390</u>	<u>7.91</u>
202	<u>202 - CIRRHOSIS/ALCOHL HEPATITIS</u>	<u>CIRRHOSIS/ALCOHL HEPATITIS</u>	<u>1.9624</u>	<u>7.07</u>
203	<u>203 - MALIG HEPATOBILRY/PANCREAS</u>	<u>MALIG HEPATOBILRY/PANCREAS</u>	<u>1.0073</u>	<u>5.75</u>
204	<u>204 - PANCREAS DISORDER EX MALIG</u>	<u>PANCREAS DISORDER EX MALIG</u>	<u>1.1016</u>	<u>4.33</u>
205	<u>205 - OTHER LIVER DISORDER W CC</u>	<u>OTHER LIVER DISORDER W CC</u>	<u>1.6897</u>	<u>6.69</u>
206	<u>206 - OTHER LIVER DISORDER</u>	<u>OTHER LIVER DISORDER</u>	<u>0.7733</u>	<u>2.95</u>
207	<u>207 - BILIARY TRACT DIS W CC</u>	<u>BILIARY TRACT DIS W CC</u>	<u>1.2812</u>	<u>4.39</u>
208	<u>208 - BILIARY TRACT DIS</u>	<u>BILIARY TRACT DIS</u>	<u>0.5465</u>	<u>3.00</u>
209	<u>209 - MAJ JNT/LIMB REATT LOW EXT</u>	<u>MAJ JNT/LIMB REATT LOW EXT</u>	<u>2.8198</u>	<u>4.55</u>
210	<u>210 - HIP/FEMUR PROCEDURES >17CC</u>	<u>HIP/FEMUR PROCEDURES >17CC</u>	<u>2.0243</u>	<u>4.97</u>
211	<u>211 - HIP/FEMUR PROCEDURES >17</u>	<u>HIP/FEMUR PROCEDURES >17</u>	<u>1.3526</u>	<u>6.96</u>
212	<u>212 - HIP/FEMUR PROCEDURES <18</u>	<u>HIP/FEMUR PROCEDURES <18</u>	<u>1.1107</u>	<u>3.41</u>
213	<u>213 - AMPUTATION-MS/CONN TIS DIS</u>	<u>AMPUTATION-MS/CONN TIS DIS</u>	<u>2.0904</u>	<u>8.84</u>
214	<u>214 - BACK/NECK PROCEDURES W CC</u>	<u>BACK/NECK PROCEDURES W CC</u>	<u>2.2028</u>	<u>4.07</u>
215	<u>215 - BACK/NECK PROCEDURES</u>	<u>BACK/NECK PROCEDURES</u>	<u>1.1549</u>	<u>2.09</u>
216	<u>216 - BX OF MS SYS/CONN TIS</u>	<u>BX OF MS SYS/CONN TIS</u>	<u>2.2905</u>	<u>8.04</u>
217	<u>217 - WOUND DEBRID/SKIN GRAFT</u>	<u>WOUND DEBRID/SKIN GRAFT</u>	<u>1.9894</u>	<u>7.43</u>
218	<u>218 - LOWR EXTR/HUMER PROC >17CC</u>	<u>LOWR EXTR/HUMER PROC >17CC</u>	<u>1.5364</u>	<u>3.28</u>
219	<u>219 - LOWR EXTR/HUMER PROC >17</u>	<u>LOWR EXTR/HUMER PROC >17</u>	<u>0.9444</u>	<u>2.36</u>
220	<u>220 - LOWR EXTR/HUMER PROC <18</u>	<u>LOWR EXTR/HUMER PROC <18</u>	<u>0.7402</u>	<u>1.88</u>
221	<u>221 - KNEE PROCEDURES W CC</u>	<u>KNEE PROCEDURES W CC</u>	<u>1.3412</u>	<u>5.87</u>
222	<u>222 - KNEE PROCEDURES</u>	<u>KNEE PROCEDURES</u>	<u>0.8330</u>	<u>3.17</u>
223	<u>223 - MAJ UPPER EXTR/OTH PROC CC</u>	<u>MAJ UPPER EXTR/OTH PROC CC</u>	<u>0.8565</u>	<u>4.27</u>
224	<u>224 - OTH UPPER EXTR PROC</u>	<u>OTH UPPER EXTR PROC</u>	<u>0.7566</u>	<u>2.34</u>
225	<u>225 - FOOT PROCEDURES</u>	<u>FOOT PROCEDURES</u>	<u>0.9273</u>	<u>2.70</u>
226	<u>226 - SOFT TISSUE PROC W CC</u>	<u>SOFT TISSUE PROC W CC</u>	<u>1.0631</u>	<u>6.24</u>
227	<u>227 - SOFT TISSUE PROC</u>	<u>SOFT TISSUE PROC</u>	<u>0.6421</u>	<u>2.00</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
228	228 - MAJ HAND WRIST/OTH PROC CC	MAJ HAND WRIST/OTH PROC CC	1.3419	2.66
229	229 - OTH HAND WRIST PROC	OTH HAND WRIST PROC	0.9009	2.31
230	230 - EXCIS/REMOV IFD OF HIP/FEM	EXCIS/REMOV IFD OF HIP/FEM	1.4561	4.14
231	231 - EXCIS/REMOV OF OTHER IFD	EXCIS/REMOV OF OTHER IFD	0.9333	2.11
232	232 - ARTHROSCOPY	ARTHROSCOPY	1.1315	3.28
233	233 - OTH MS/CONN TIS PROC W CC	OTH MS/CONN TIS PROC W CC	3.1189	7.73
234	234 - OTH MS/CONN TIS PROC	OTH MS/CONN TIS PROC	1.4510	4.02
235	235 - FX OF FEMUR	FX OF FEMUR	1.1160	12.53
236	236 - FRACTURES OF HIP & PELVIS	FRACTURES OF HIP & PELVIS	1.0682	6.24
237	237 - SPRN/STRN/DISL-HIP/PEL/THI	SPRN/STRN/DISL-HIP/PEL/THI	0.6401	3.96
238	238 - OSTEOMYELITIS	OSTEOMYELITIS	1.2457	9.02
239	239 - PATH FX & MALIG MS SYS	PATH FX & MALIG MS SYS	1.5320	5.11
240	240 - CONNECTVE TISSUE DIS W CC	CONNECTVE TISSUE DIS W CC	1.7058	5.29
241	241 - CONNECTVE TISSUE DIS	CONNECTVE TISSUE DIS	0.5922	4.27
242	242 - SEPTIC ARTHRITIS	SEPTIC ARTHRITIS	1.0206	7.17
243	243 - MEDICAL BACK PROBLEMS	MEDICAL BACK PROBLEMS	0.7328	3.09
244	244 - BONE DIS/SPEC ARTHRP W CC	BONE DIS/SPEC ARTHRP W CC	0.8893	4.64
245	245 - BONE DIS/SPEC ARTHRP	BONE DIS/SPEC ARTHRP	0.6823	3.46
246	246 - NON-SPECIFIC ARTHROPATHIES	NON-SPECIFIC ARTHROPATHIES	0.8045	3.59
247	247 - MS SYS SIGNS/SYMPTOMS	MS SYS SIGNS/SYMPTOMS	0.5701	3.88
248	248 - TENDONITIS/MYOSIT/BURSITIS	TENDONITIS/MYOSIT/BURSITIS	0.6316	3.59
249	249 - AFTERCARE, MUSCULOSKELETAL	AFTERCARE, MUSCULOSKELETAL	0.8245	4.20
250	250 - FX FOREARM/HAND/FOOT >17CC	FX FOREARM/HAND/FOOT >17CC	0.7790	3.89
251	251 - FX FOREARM/HAND/FOOT >17	FX FOREARM/HAND/FOOT >17	0.6302	2.10
252	252 - FX FOREARM/HAND/FOOT <18	FX FOREARM/HAND/FOOT <18	0.4322	1.41
253	253 - FX UPR-ARM/LWR-LG >17CC	FX UPR-ARM/LWR-LG >17CC	0.8475	5.13
254	254 - FX UPR-ARM/LWR-LG >17	FX UPR-ARM/LWR-LG >17	0.5986	3.15
255	255 - FX UPR-ARM/LWR-LG <18	FX UPR-ARM/LWR-LG <18	0.4270	2.26
256	256 - OTHER MUSCULOSKELETAL DX	OTHER MUSCULOSKELETAL DX	0.9626	3.28
257	257 - TOT MASTECTOMY MALIG W CC	TOT MASTECTOMY MALIG W CC	0.8565	4.57
258	258 - TOT MASTECTOMY MALIG	TOT MASTECTOMY MALIG	0.9165	3.65
259	259 - SUBT MASTECTMY MALIG W CC	SUBT MASTECTMY MALIG W CC	1.1483	4.57
260	260 - SUBT MASTECTMY MALIG	SUBT MASTECTMY MALIG	0.9614	2.23

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
261	261 - BRST PROC FOR N-MALIG X BX	BRST PROC FOR N-MALIG X BX	1.0443	2.04
262	262 - BRST BX/LOC EXCIS N-MALIG	BRST BX/LOC EXCIS N-MALIG	1.1334	1.48
263	263 - SKIN GRFT/DEBRD-ULCR W CC	SKIN GRFT/DEBRD-ULCR W CC	1.9098	7.94
264	264 - SKIN GRFT/DEBRD-ULCR	SKIN GRFT/DEBRD-ULCR	1.2704	9.09
265	265 - OTH SKIN GRFT/DEBRD W CC	OTH SKIN GRFT/DEBRD W CC	2.3973	6.49
266	266 - OTH SKIN GRFT/DEBRD	OTH SKIN GRFT/DEBRD	1.2777	5.13
267	267 - PERIANAL & PILONIDAL PROC	PERIANAL & PILONIDAL PROC	0.8923	2.84
268	268 - SKIN/BREAST PLASTIC PROC	SKIN/BREAST PLASTIC PROC	1.4123	2.16
269	269 - OTH SKIN/BREAST PROC W CC	OTH SKIN/BREAST PROC W CC	1.9627	7.11
270	270 - OTH SKIN/BREAST PROC	OTH SKIN/BREAST PROC	0.8548	3.03
271	271 - SKIN ULCERS	SKIN ULCERS	1.0366	7.11
272	272 - MAJOR SKIN DISORDERS W CC	MAJOR SKIN DISORDERS W CC	0.6186	6.00
273	273 - MAJOR SKIN DISORDERS	MAJOR SKIN DISORDERS	0.6100	4.88
274	274 - BREAST MALIGNANCY W CC	BREAST MALIGNANCY W CC	1.3628	6.12
275	275 - BREAST MALIGNANCY	BREAST MALIGNANCY	0.6310	3.77
276	276 - NONMALIGNANT BRST DISORDER	NONMALIGNANT BRST DISORDER	0.6888	2.66
277	277 - CELLULITIS >17CC	CELLULITIS >17CC	0.9839	4.77
278	278 - CELLULITIS >17	CELLULITIS >17	0.5894	4.55
279	279 - CELLULITIS <18	CELLULITIS <18	0.6721	3.74
280	280 - TRAUMA-SKIN/TIS/BRST >17CC	TRAUMA-SKIN/TIS/BRST >17CC	0.7510	3.77
281	281 - TRAUMA-SKIN/TIS/BRST >17	TRAUMA-SKIN/TIS/BRST >17	0.5164	1.94
282	282 - TRAUMA-SKIN/TIS/BRST <18	TRAUMA-SKIN/TIS/BRST <18	0.3277	1.72
283	283 - MINOR SKIN DISORDERS W CC	MINOR SKIN DISORDERS W CC	0.5926	4.51
284	284 - MINOR SKIN DISORDERS	MINOR SKIN DISORDERS	0.4162	3.15
285	285 - AMPUTAT L.LIMB-EN/NU/METAB	AMPUTAT L.LIMB-EN/NU/METAB	2.3706	14.46
286	286 - ADRENAL AND PITUITARY PROC	ADRENAL AND PITUITARY PROC	1.6952	8.96
287	287 - SKIN GRFT/DEBRD-EN/NU/META	SKIN GRFT/DEBRD-EN/NU/META	1.6569	11.74
288	288 - O.R. PROCEDURE FOR OBESITY	O.R. PROCEDURE FOR OBESITY	1.4671	6.92
289	289 - PARATHYROID PROCEDURES	PARATHYROID PROCEDURES	1.2260	4.27
290	290 - THYROID PROCEDURES	THYROID PROCEDURES	0.9543	2.92
291	291 - THYROGLOSSAL PROCEDURES	THYROGLOSSAL PROCEDURES	0.7019	1.73
292	292 - OTH PROC-EN/NU/METAB W CC	OTH PROC-EN/NU/METAB W CC	2.1538	10.57
293	293 - OTH PROC-EN/NU/METAB	OTH PROC-EN/NU/METAB	1.5864	5.50
294	294 - DIABETES >35	DIABETES >35	0.7254	4.07
295	295 - DIABETES <36	DIABETES <36	0.6922	2.97

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
296	<u>296 - NUTR & MISC METABOL >17CC</u>	<u>NUTR & MISC METABOL >17CC</u>	<u>0.9315</u>	<u>4.31</u>
297	<u>297 - NUTR & MISC METABOL >17</u>	<u>NUTR & MISC METABOL >17</u>	<u>0.5549</u>	<u>3.46</u>
298	<u>298 - NUTR & MISC METABOL <18</u>	<u>NUTR & MISC METABOL <18</u>	<u>0.4084</u>	<u>3.18</u>
299	<u>299 - INBORN ERROR OF METABOLISM</u>	<u>INBORN ERROR OF METABOLISM</u>	<u>0.5491</u>	<u>4.27</u>
300	<u>300 - ENDOCRINE DISORDERS W CC</u>	<u>ENDOCRINE DISORDERS W CC</u>	<u>1.2304</u>	<u>5.63</u>
301	<u>301 - ENDOCRINE DISORDERS</u>	<u>ENDOCRINE DISORDERS</u>	<u>0.5846</u>	<u>3.89</u>
302	<u>302 - KIDNEY TRANSPLANT</u>	<u>KIDNEY TRANSPLANT</u>	<u>5.1224</u>	<u>11.81</u>
303	<u>303 - KID/URET/BLADR PROC-NEOPL</u>	<u>KID/URET/BLADR PROC-NEOPL</u>	<u>2.7589</u>	<u>9.27</u>
304	<u>304 - KID/URET/BLADR PROC W CC</u>	<u>KID/URET/BLADR PROC W CC</u>	<u>1.5391</u>	<u>4.90</u>
305	<u>305 - KID/URET/BLADR PROC</u>	<u>KID/URET/BLADR PROC</u>	<u>0.9351</u>	<u>2.85</u>
306	<u>306 - PROSTATECTOMY W CC</u>	<u>PROSTATECTOMY W CC</u>	<u>1.3515</u>	<u>6.24</u>
307	<u>307 - PROSTATECTOMY</u>	<u>PROSTATECTOMY</u>	<u>0.8400</u>	<u>4.08</u>
308	<u>308 - MINOR BLADDER PROC W CC</u>	<u>MINOR BLADDER PROC W CC</u>	<u>1.6913</u>	<u>6.31</u>
309	<u>309 - MINOR BLADDER PROC</u>	<u>MINOR BLADDER PROC</u>	<u>1.1324</u>	<u>3.65</u>
310	<u>310 - TRANSURETHRAL PROC W CC</u>	<u>TRANSURETHRAL PROC W CC</u>	<u>0.9322</u>	<u>3.83</u>
311	<u>311 - TRANSURETHRAL PROC</u>	<u>TRANSURETHRAL PROC</u>	<u>0.8113</u>	<u>2.23</u>
312	<u>312 - URETHRAL PROCEDURES >17CC</u>	<u>URETHRAL PROCEDURES >17CC</u>	<u>1.1776</u>	<u>3.71</u>
313	<u>313 - URETHRAL PROCEDURES >17</u>	<u>URETHRAL PROCEDURES >17</u>	<u>1.2154</u>	<u>2.29</u>
314	<u>314 - URETHRAL PROCEDURES <18</u>	<u>URETHRAL PROCEDURES <18</u>	<u>0.6672</u>	<u>1.80</u>
315	<u>315 - OTH KIDN/URINARY TRCT PROC</u>	<u>OTH KIDN/URINARY TRCT PROC</u>	<u>1.6132</u>	<u>8.04</u>
316	<u>316 - RENAL FAILURE</u>	<u>RENAL FAILURE</u>	<u>1.1602</u>	<u>3.94</u>
317	<u>317 - ADMIT FOR RENAL DIALYSIS</u>	<u>ADMIT FOR RENAL DIALYSIS</u>	<u>0.9308</u>	<u>1.48</u>
318	<u>318 - KIDN/URIN TRCT NEOPL W CC</u>	<u>KIDN/URIN TRCT NEOPL W CC</u>	<u>1.1815</u>	<u>5.63</u>
319	<u>319 - KIDN/URIN TRCT NEOPL</u>	<u>KIDN/URIN TRCT NEOPL</u>	<u>0.8357</u>	<u>3.03</u>
320	<u>320 - KIDN/URIN TRCT INFCT >17CC</u>	<u>KIDN/URIN TRCT INFCT >17CC</u>	<u>0.7608</u>	<u>3.48</u>
321	<u>321 - KIDN/URIN TRCT INFCT >17</u>	<u>KIDN/URIN TRCT INFCT >17</u>	<u>0.5030</u>	<u>4.14</u>
322	<u>322 - KIDN/URIN TRCT INFCT <18</u>	<u>KIDN/URIN TRCT INFCT <18</u>	<u>0.4887</u>	<u>2.59</u>
323	<u>323 - URINARY STONES W CC/ESWL</u>	<u>URINARY STONES W CC/ESWL</u>	<u>0.7564</u>	<u>3.03</u>
324	<u>324 - URINARY STONES</u>	<u>URINARY STONES</u>	<u>0.4148</u>	<u>2.53</u>
325	<u>325 - KIDN/URIN SIGNS/SYMP >17CC</u>	<u>KIDN/URIN SIGNS/SYMP >17CC</u>	<u>0.7683</u>	<u>3.71</u>
326	<u>326 - KIDN/URIN SIGNS/SYMP >17</u>	<u>KIDN/URIN SIGNS/SYMP >17</u>	<u>0.5714</u>	<u>2.53</u>
327	<u>327 - KIDN/URIN SIGNS/SYMPT <18</u>	<u>KIDN/URIN SIGNS/SYMPT <18</u>	<u>0.4773</u>	<u>2.58</u>
328	<u>328 - URETHRAL STRICTURE >17CC</u>	<u>URETHRAL STRICTURE >17CC</u>	<u>0.9493</u>	<u>3.15</u>
329	<u>329 - URETHRAL STRICTURE</u>	<u>URETHRAL STRICTURE >17</u>	<u>0.8403</u>	<u>2.16</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
	>17			
330	<u>330 - URETHRAL STRICTURE <18</u>	<u>URETHRAL STRICTURE <18</u>	<u>0.4298</u>	<u>1.25</u>
331	<u>331 - OTH KIDN/URIN DX >17CC</u>	<u>OTH KIDN/URIN DX >17CC</u>	<u>1.0773</u>	<u>6.00</u>
332	<u>332 - OTH KIDN/URIN DX >17</u>	<u>OTH KIDN/URIN DX >17</u>	<u>0.6323</u>	<u>3.09</u>
333	<u>333 - OTH KIDN/URIN DX <18</u>	<u>OTH KIDN/URIN DX <18</u>	<u>0.8611</u>	<u>2.91</u>
334	<u>334 - MAJ MALE PELVIC PROC W CC</u>	<u>MAJ MALE PELVIC PROC W CC</u>	<u>2.0775</u>	<u>7.91</u>
335	<u>335 - MAJ MALE PELVIC PROC</u>	<u>MAJ MALE PELVIC PROC</u>	<u>1.6372</u>	<u>6.18</u>
336	<u>336 - TRANSURETHRAL PROST W CC</u>	<u>TRANSURETHRAL PROST W CC</u>	<u>0.6846</u>	<u>4.76</u>
337	<u>337 - TRANSURETHRAL PROST</u>	<u>TRANSURETHRAL PROST</u>	<u>0.6795</u>	<u>3.34</u>
338	<u>338 - TESTES PROC W/PDX=MALIG</u>	<u>TESTES PROC W/PDX=MALIG</u>	<u>1.3464</u>	<u>3.46</u>
339	<u>339 - TESTES PROC W/O MALIG >17</u>	<u>TESTES PROC W/O MALIG >17</u>	<u>1.2300</u>	<u>2.35</u>
340	<u>340 - TESTES PROC W/O MALIG <18</u>	<u>TESTES PROC W/O MALIG <18</u>	<u>0.4089</u>	<u>1.87</u>
341	<u>341 - PENIS PROCEDURES</u>	<u>PENIS PROCEDURES</u>	<u>1.3144</u>	<u>3.21</u>
342	<u>342 - CIRCUMCISION >17</u>	<u>CIRCUMCISION >17</u>	<u>1.1082</u>	<u>1.73</u>
343	<u>343 - CIRCUMCISION <18</u>	<u>CIRCUMCISION <18</u>	<u>0.2075</u>	<u>1.33</u>
344	<u>344 - OTH MALE REPR PROC MALIG</u>	<u>OTH MALE REPR PROC MALIG</u>	<u>1.4555</u>	<u>4.57</u>
345	<u>345 - OTH MALE REPR PROC N-MALIG</u>	<u>OTH MALE REPR PROC N-MALIG</u>	<u>1.2900</u>	<u>3.65</u>
346	<u>346 - MALIG MALE REPRO SYS W CC</u>	<u>MALIG MALE REPRO SYS W CC</u>	<u>1.0561</u>	<u>5.25</u>
347	<u>347 - MALIG MALE REPRO SYS</u>	<u>MALIG MALE REPRO SYS</u>	<u>0.6872</u>	<u>2.47</u>
348	<u>348 - BENIGN PROST HYPERTR W CC</u>	<u>BENIGN PROST HYPERTR W CC</u>	<u>0.7778</u>	<u>3.34</u>
349	<u>349 - BENIGN PROST HYPERTR</u>	<u>BENIGN PROST HYPERTR</u>	<u>0.6338</u>	<u>1.85</u>
350	<u>350 - INFLAM OF MALE REPRO SYS</u>	<u>INFLAM OF MALE REPRO SYS</u>	<u>0.7569</u>	<u>3.59</u>
351	<u>351 - MALE STERILIZATION</u>	<u>MALE STERILIZATION</u>	<u>0.3185</u>	<u>1.25</u>
352	<u>352 - OTH MALE REPRO SYS DX</u>	<u>OTH MALE REPRO SYS DX</u>	<u>0.8120</u>	<u>2.41</u>
353	<u>353 - RADICAL HYSTERECTOMY</u>	<u>RADICAL HYSTERECTOMY</u>	<u>2.5671</u>	<u>9.40</u>
354	<u>354 - UTER/ADX W OTH MALIG W CC</u>	<u>UTER/ADX W OTH MALIG W CC</u>	<u>1.3169</u>	<u>5.90</u>
355	<u>355 - UTER/ADX W OTH MALIG</u>	<u>UTER/ADX W OTH MALIG</u>	<u>0.6990</u>	<u>4.43</u>
356	<u>356 - RECONSTRUCTVE FEMALE REPRO</u>	<u>RECONSTRUCTVE FEMALE REPRO</u>	<u>0.7373</u>	<u>4.02</u>
357	<u>357 - UTER/ADX W OVAR/ADX MALIG</u>	<u>UTER/ADX W OVAR/ADX MALIG</u>	<u>1.8395</u>	<u>8.16</u>
358	<u>358 - UTER/ADNEXA N-MALIG W CC</u>	<u>UTER/ADNEXA N-MALIG W CC</u>	<u>0.9062</u>	<u>3.35</u>
359	<u>359 - UTER/ADNEXA N-MALIG</u>	<u>UTER/ADNEXA N-MALIG</u>	<u>0.7231</u>	<u>2.41</u>
360	<u>360 - VAGINA, CERVX & VULVA PROC</u>	<u>VAGINA, CERVX & VULVA PROC</u>	<u>0.8354</u>	<u>3.21</u>
361	<u>361 - LAPAR/INCISIONAL TUBAL-INT</u>	<u>LAPAR/INCISIONAL TUBAL-INT</u>	<u>0.7555</u>	<u>2.64</u>
362	<u>362 - ENDOSCOPIC TUBAL INTERRUPT</u>	<u>ENDOSCOPIC TUBAL INTERRUPT</u>	<u>0.4071</u>	<u>1.24</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
363	<u>363 - D&C/CON/RADIO-IMPLNT MALIG</u>	<u>D&C/CON/RADIO-IMPLNT MALIG</u>	<u>0.6475</u>	<u>3.03</u>
364	<u>364 - D&C, CONIZATION W/O MALIG</u>	<u>D&C, CONIZATION W/O MALIG</u>	<u>0.4353</u>	<u>1.73</u>
365	<u>365 - OTH FEMALE REPRO SYS PROC</u>	<u>OTH FEMALE REPRO SYS PROC</u>	<u>1.7132</u>	<u>7.85</u>
366	<u>366 - MALIG, FEMALE REPRO W CC</u>	<u>MALIG, FEMALE REPRO W CC</u>	<u>0.7441</u>	<u>5.93</u>
367	<u>367 - MALIG, FEMALE REPRO</u>	<u>MALIG, FEMALE REPRO</u>	<u>0.7285</u>	<u>3.03</u>
368	<u>368 - INFECTION FEMALE REPRO SYS</u>	<u>INFECTION FEMALE REPRO SYS</u>	<u>0.5883</u>	<u>3.45</u>
369	<u>369 - MENSTRUAL/OTH FEMALE REPRO</u>	<u>MENSTRUAL/OTH FEMALE REPRO</u>	<u>0.7374</u>	<u>2.13</u>
370	<u>370 - CESAREAN SECTION W CC</u>	<u>CESAREAN SECTION W CC</u>	<u>1.0256</u>	<u>3.90</u>
371	<u>371 - CESAREAN SECTION</u>	<u>CESAREAN SECTION</u>	<u>0.7064</u>	<u>2.96</u>
372	<u>372 - VAG DELIVERY W/COMPL-DX</u>	<u>VAG DELIVERY W/COMPL-DX</u>	<u>0.5055</u>	<u>1.76</u>
373	<u>373 - VAG DELIVERY W/O COMPL-DX</u>	<u>VAG DELIVERY W/O COMPL- DX</u>	<u>0.3815</u>	<u>1.44</u>
374	<u>374 - VAG DELIVERY W/STERIL/D&C</u>	<u>VAG DELIVERY W/STERIL/D&C</u>	<u>0.4806</u>	<u>1.64</u>
375	<u>375 - VAG DELIVERY W/OTH PROC</u>	<u>VAG DELIVERY W/OTH PROC</u>	<u>1.0155</u>	<u>3.44</u>
376	<u>376 - POSTPART/POSTABOR W/O OR</u>	<u>POSTPART/POSTABOR W/O OR</u>	<u>0.4577</u>	<u>2.32</u>
377	<u>377 - POSTPART/POSTABOR W/ OR</u>	<u>POSTPART/POSTABOR W/ OR</u>	<u>0.9648</u>	<u>2.59</u>
378	<u>378 - ECTOPIC PREGNANCY</u>	<u>ECTOPIC PREGNANCY</u>	<u>0.7641</u>	<u>2.02</u>
379	<u>379 - THREATENED ABORTION</u>	<u>THREATENED ABORTION</u>	<u>0.7493</u>	<u>3.44</u>
380	<u>380 - ABORTION W/O D&C</u>	<u>ABORTION W/O D&C</u>	<u>0.4004</u>	<u>1.83</u>
381	<u>381 - ABORTION W/D&C,ASPIR CURET</u>	<u>ABORTION W/D&C,ASPIR CURET</u>	<u>0.6099</u>	<u>1.22</u>
382	<u>382 - FALSE LABOR</u>	<u>FALSE LABOR</u>	<u>0.3628</u>	<u>0.80</u>
383	<u>383 - OTH ANTEPARTUM DX W/COMP</u>	<u>OTH ANTEPARTUM DX W/COMP</u>	<u>0.5636</u>	<u>2.84</u>
384	<u>384 - OTH ANTEPARTUM DX W/O COMP</u>	<u>OTH ANTEPARTUM DX W/O COMP</u>	<u>0.6164</u>	<u>3.35</u>
388	<u>388 - PREMATURE W/O MAJ PROBLEMS</u>	<u>PREMATURE W/O MAJ PROBLEMS</u>	<u>0.1750</u>	<u>2.98</u>
389	<u>389 - FULL TERM W/ MAJ PROBLEMS</u>	<u>FULL TERM W/ MAJ PROBLEMS</u>	<u>0.3779</u>	<u>3.38</u>
390	<u>390 - NEONATE W/ OTHER PROBLEMS</u>	<u>NEONATE W/ OTHER PROBLEMS</u>	<u>0.1645</u>	<u>1.83</u>
391	<u>391 - NORMAL NEWBORN</u>	<u>NORMAL NEWBORN</u>	<u>0.1256</u>	<u>1.66</u>
392	<u>392 - SPLENECTOMY >17</u>	<u>SPLENECTOMY >17</u>	<u>3.0423</u>	<u>10.14</u>
393	<u>393 - SPLENECTOMY <18</u>	<u>SPLENECTOMY <18</u>	<u>1.2747</u>	<u>7.11</u>
394	<u>394 - OTH PROC-BLOOD FORM ORGANS</u>	<u>OTH PROC-BLOOD FORM ORGANS</u>	<u>1.7457</u>	<u>4.88</u>
395	<u>395 - RED BLOOD CELL DISORDR >17</u>	<u>RED BLOOD CELL DISORDR >17</u>	<u>1.3001</u>	<u>4.37</u>
396	<u>396 - RED BLOOD CELL DISORDR <18</u>	<u>RED BLOOD CELL DISORDR <18</u>	<u>1.2069</u>	<u>4.95</u>
397	<u>397 - COAGULATION DISORDERS</u>	<u>COAGULATION DISORDERS</u>	<u>0.9887</u>	<u>4.33</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
398	<u>398 - RE/IMMUNITY DISORDER W CC</u>	<u>RE/IMMUNITY DISORDER W CC</u>	<u>0.7409</u>	<u>4.44</u>
399	<u>399 - RE/IMMUNITY DISORDER</u>	<u>RE/IMMUNITY DISORDER</u>	<u>0.8007</u>	<u>3.46</u>
400	<u>400 - LYMPHOMA/LEUKEMIA W/MAJ-OR</u>	<u>LYMPHOMA/LEUKEMIA W/MAJ-OR</u>	<u>3.3998</u>	<u>9.46</u>
401	<u>401 - LYMPH/N-ACUTE LEUK W/OR CC</u>	<u>LYMPH/N-ACUTE LEUK W/OR CC</u>	<u>3.3558</u>	<u>8.96</u>
402	<u>402 - LYMPH/N-ACUTE LEUK W/OR</u>	<u>LYMPH/N-ACUTE LEUK W/OR</u>	<u>1.5647</u>	<u>4.08</u>
403	<u>403 - LYMPH/N-ACUTE LEUK W CC</u>	<u>LYMPH/N-ACUTE LEUK W CC</u>	<u>2.5278</u>	<u>7.17</u>
404	<u>404 - LYMPH/N-ACUTE LEUK</u>	<u>LYMPH/N-ACUTE LEUK</u>	<u>1.0484</u>	<u>4.33</u>
405	<u>405 - ACUTE LEUK W/O MAJ-OR <18</u>	<u>ACUTE LEUK W/O MAJ-OR <18</u>	<u>5.6260</u>	<u>3.83</u>
406	<u>406 - POOR DIF NEOPL W/MAJ-OR CC</u>	<u>POOR DIF NEOPL W/MAJ-OR CC</u>	<u>3.6938</u>	<u>10.20</u>
407	<u>407 - POOR DIF NEOPL W/MAJ-OR</u>	<u>POOR DIF NEOPL W/MAJ-OR</u>	<u>1.9051</u>	<u>5.87</u>
408	<u>408 - POOR DIF NEOPL W/ANY-OR</u>	<u>POOR DIF NEOPL W/ANY-OR</u>	<u>0.8957</u>	<u>3.96</u>
409	<u>409 - RADIOTHERAPY</u>	<u>RADIOTHERAPY</u>	<u>1.1420</u>	<u>6.55</u>
410	<u>410 - CHEMO W/O ACUTE LEUK SEC D</u>	<u>CHEMO W/O ACUTE LEUK SEC D</u>	<u>0.9580</u>	<u>3.13</u>
411	<u>411 - HX OF MALIG W/O ENDOSCOPY</u>	<u>HX OF MALIG W/O ENDOSCOPY</u>	<u>0.5630</u>	<u>2.41</u>
412	<u>412 - HX OF MALIG W/ ENDOSCOPY</u>	<u>HX OF MALIG W/ ENDOSCOPY</u>	<u>0.5429</u>	<u>1.67</u>
413	<u>413 - POORLY DIF NEOPLASM W CC</u>	<u>POORLY DIF NEOPLASM W CC</u>	<u>1.5771</u>	<u>6.61</u>
414	<u>414 - POORLY DIF NEOPLASM</u>	<u>POORLY DIF NEOPLASM</u>	<u>0.9896</u>	<u>4.82</u>
415	<u>415 - INFECT/PARASIT DX W/ANY-OR</u>	<u>INFECT/PARASIT DX W/ANY-OR</u>	<u>3.2305</u>	<u>8.66</u>
416	<u>416 - SEPTICEMIA >17</u>	<u>SEPTICEMIA >17</u>	<u>1.3035</u>	<u>5.69</u>
417	<u>417 - SEPTICEMIA <18</u>	<u>SEPTICEMIA <18</u>	<u>0.5853</u>	<u>2.57</u>
418	<u>418 - POSTOP/POSTRAUMATIC INFECT</u>	<u>POSTOP/POSTRAUMATIC INFECT</u>	<u>0.8837</u>	<u>4.04</u>
419	<u>419 - FEVER UNKNOWN ORIGIN >17CC</u>	<u>FEVER UNKNOWN ORIGIN >17CC</u>	<u>0.9082</u>	<u>4.70</u>
420	<u>420 - FEVER UNKNOWN ORIGIN >17</u>	<u>FEVER UNKNOWN ORIGIN >17</u>	<u>0.7773</u>	<u>3.59</u>
421	<u>421 - VIRAL ILLNESS >17</u>	<u>VIRAL ILLNESS >17</u>	<u>0.6301</u>	<u>3.40</u>
422	<u>422 - VIRAL ILLNESS AND FUO <18</u>	<u>VIRAL ILLNESS AND FUO <18</u>	<u>0.4671</u>	<u>2.21</u>
423	<u>423 - OTHER INFECT/PARASITIC DIS</u>	<u>OTHER INFECT/PARASITIC DIS</u>	<u>1.8767</u>	<u>6.92</u>
424	<u>424 - MENTAL DISORDER W/ANY-OR</u>	<u>MENTAL DISORDER W/ANY-OR</u>	<u>1.9603</u>	<u>13.35</u>
425	<u>425 - AC ADJ REACT/PSYCHOSOC DYS</u>	<u>AC ADJ REACT/PSYCHOSOC DYS</u>	<u>0.7377</u>	<u>3.00</u>
426	<u>426 - DEPRESSIVE NEUROSES</u>	<u>DEPRESSIVE NEUROSES</u>	<u>0.4447</u>	<u>5.00</u>
427	<u>427 - NEUROSES EXCEPT DEPRESSIVE</u>	<u>NEUROSES EXCEPT DEPRESSIVE</u>	<u>0.5245</u>	<u>4.00</u>
428	<u>428 - PERSONALITY/IMPULSE CNTRL</u>	<u>PERSONALITY/IMPULSE CNTRL</u>	<u>0.3569</u>	<u>6.00</u>
429	<u>429 - ORGANIC DIS/MENTAL RETARD</u>	<u>ORGANIC DIS/MENTAL RETARD</u>	<u>0.9966</u>	<u>6.00</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
430	430 - PSYCHOSES	PSYCHOSES	1.0967	7.86
431	431 - CHILDHOOD MENTAL DISORDERS	CHILDHOOD MENTAL DISORDERS	0.8814	30.00
432	432 - OTH MENTAL DISORDER DX	OTH MENTAL DISORDER DX	1.0468	14.00
433	433 - ALCH/DRUG ABUSE LEFT AMA	ALCH/DRUG ABUSE LEFT AMA	0.9322	3.00
434	434 - ALCH/DRUG ABUSE W CC	ALCH/DRUG ABUSE W CC	0.5334	2.94
435	435 - ALCH/DRUG ABUSE	ALCH/DRUG ABUSE	0.5154	3.34
436	436 - ALCH/DRUG DEPEND W/REHAB	ALCH/DRUG DEPEND W/REHAB	1.0001	3.00
437	437 - ALCH/DRG DEP W REHAB/DETOX	ALCH/DRG DEP W REHAB/DETOX	1.0930	3.00
438	438 - NO LONGER VALID	NO LONGER VALID	-	-
439	439 - SKIN GRAFTS FOR INJURIES	SKIN GRAFTS FOR INJURIES	1.9027	7.97
440	440 - WOUND DEBRIDEMENT FOR INJ	WOUND DEBRIDEMENT FOR INJ	1.5630	9.64
441	441 - HAND PROCEDURE FOR INJURY	HAND PROCEDURE FOR INJURY	2.5588	2.35
442	442 - OTH OR PROC FOR INJ W CC	OTH OR PROC FOR INJ W CC	2.0586	6.06
443	443 - OTH OR PROC FOR INJ	OTH OR PROC FOR INJ	0.8354	2.56
444	444 - TRAUMATIC INJURY > 17 W CC	TRAUMATIC INJURY > 17 W CC	0.5339	4.51
445	445 - TRAUMATIC INJUY >17 W/O CC	TRAUMATIC INJUY >17 W/O CC	0.4361	3.09
446	446 - TRAUMATIC INJURY AGE 0-17	TRAUMATIC INJURY AGE 0-17	0.5771	1.87
447	447 - ALLERGIC REACTIONS >17	ALLERGIC REACTIONS >17	0.3397	2.23
448	448 - ALLERGIC REACTIONS <18	ALLERGIC REACTIONS <18	0.7981	2.26
449	449 - POIS/TOXIC EFF DRUGS >17CC	POIS/TOXIC EFF DRUGS >17CC	0.8975	2.43
450	450 - POIS/TOXIC EFF DRUGS >17	POIS/TOXIC EFF DRUGS >17	0.4843	1.33
451	451 - POIS/TOXIC EFF DRUGS <18	POIS/TOXIC EFF DRUGS <18	0.7571	2.50
452	452 - TX COMPLICATIONS W CC	TX COMPLICATIONS W CC	0.7341	2.76
453	453 - TX COMPLICATIONS	TX COMPLICATIONS	0.5200	2.44
454	454 - OTH INJ/POIS/TOX EFF W CC	OTH INJ/POIS/TOX EFF W CC	1.0880	4.20
455	455 - OTH INJ/POIS/TOX EFF	OTH INJ/POIS/TOX EFF	0.3617	2.47
456	456 - NO LONGER VALID	NO LONGER VALID	1.8296	6.24
457	457 - NO LONGER VALID	NO LONGER VALID	2.3381	5.25
458	458 - NON-EXT BURN W/SKIN GRAFT	NON-EXT BURN W/SKIN GRAFT	3.4275	14.09
459	459 - NON-EXT BURN W/ OTHER OR	NON-EXT BURN W/ OTHER OR	1.6590	9.02
460	460 - NON-EXT BURN W/O OR PROC	NON-EXT BURN W/O OR PROC	0.9692	5.69
461	461 - OR PROC W/ OTH HS CONTACT	OR PROC W/ OTH HS CONTACT	0.7777	2.72
462	462 - REHABILITATION	REHABILITATION	0.1452	1.00
463	463 - SIGNS & SYMPTOMS W	SIGNS & SYMPTOMS W CC	0.7417	4.33

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
	<u>CC</u>			
<u>464</u>	<u>464 - SIGNS & SYMPTOMS</u>	<u>SIGNS & SYMPTOMS</u>	<u>0.4372</u>	<u>2.78</u>
<u>465</u>	<u>465 - AFTERCARE W/ HX OF MALIG</u>	<u>AFTERCARE W/ HX OF MALIG</u>	<u>1.3161</u>	<u>1.36</u>
<u>466</u>	<u>466 - AFTERCARE W/O HX OF MALIG</u>	<u>AFTERCARE W/O HX OF MALIG</u>	<u>1.0876</u>	<u>3.09</u>
<u>467</u>	<u>467 - OTH FACTORS INFL HLTH STAT</u>	<u>OTH FACTORS INFL HLTH STAT</u>	<u>0.5613</u>	<u>3.29</u>
<u>468</u>	<u>468 - UNRELATED EXTENSIVE PROC.</u>	<u>UNRELATED EXTENSIVE PROC.</u>	<u>1.7006</u>	<u>8.32</u>
<u>469</u>	<u>469 - ICD-9-CM CD INVALID AS PDX</u>	<u>ICD-9-CM CD INVALID AS PDX</u>		
<u>470</u>	<u>470 - UNGROUPABLE</u>	<u>UNGROUPABLE</u>		
<u>471</u>	<u>471 - BILAT/MULT MAJ JOINT PROC</u>	<u>BILAT/MULT MAJ JOINT PROC</u>	<u>4.8920</u>	<u>12.80</u>
<u>472</u>	<u>472 - NO LONGER VALID</u>	<u>NO LONGER VALID</u>		
<u>473</u>	<u>473 - ACUTE LEUK W/O MAJ-OR >17</u>	<u>ACUTE LEUK W/O MAJ-OR >17</u>	<u>6.0750</u>	<u>9.15</u>
<u>474</u>	<u>474 - NO LONGER VALID</u>	<u>NO LONGER VALID</u>	<u>10.9689</u>	<u>26.52</u>
<u>475</u>	<u>475 - RESP SYS DX W VENTILATOR</u>	<u>RESP SYS DX W VENTILATOR</u>	<u>5.2689</u>	<u>10.70</u>
<u>476</u>	<u>476 - UNRELATED PROSTATE PROC.</u>	<u>UNRELATED PROSTATE PROC.</u>	<u>2.5303</u>	<u>13.80</u>
<u>477</u>	<u>477 - UNRELATED NON-EXTENSIVE OR</u>	<u>UNRELATED NON-EXTENSIVE OR</u>	<u>2.1304</u>	<u>6.88</u>
<u>478</u>	<u>478 - OTHER VASC PROC W CC</u>	<u>OTHER VASC PROC W CC</u>	<u>3.3451</u>	<u>6.17</u>
<u>479</u>	<u>479 - OTHER VASC PROC W/O CC</u>	<u>OTHER VASC PROC W/O CC</u>	<u>1.7856</u>	<u>4.40</u>
<u>480</u>	<u>480 - LIVER TRANSPLANT</u>	<u>LIVER TRANSPLANT</u>	<u>18.3380</u>	<u>21.10</u>
<u>481</u>	<u>481 - BONE MARROW TRANSPLANT</u>	<u>BONE MARROW TRANSPLANT</u>	<u>22.6511</u>	<u>61.00</u>
<u>482</u>	<u>482 - TRACHEOSTOMY FA,MO,NEC DX</u>	<u>TRACHEOSTOMY FA,MO,NEC DX</u>	<u>4.3047</u>	<u>13.10</u>
<u>483</u>	<u>483 - TRACHEO X FAC MOUTH NEC DX</u>	<u>TRACHEO X FAC MOUTH NEC DX</u>	<u>16.2872</u>	<u>30.82</u>
<u>484</u>	<u>484 - CRANIOTOMY MULTIPLE TRAUMA</u>	<u>CRANIOTOMY MULTIPLE TRAUMA</u>	<u>10.0604</u>	<u>12.50</u>
<u>485</u>	<u>485 - HIP,FEMUR,LIMB REATTACH</u>	<u>HIP,FEMUR,LIMB REATTACH</u>	<u>12.6939</u>	<u>13.50</u>
<u>486</u>	<u>486 - OTHER O.R. MULT TRAUMA</u>	<u>OTHER O.R. MULT TRAUMA</u>	<u>7.5477</u>	<u>14.65</u>
<u>487</u>	<u>487 - OTHER MULT TRAUMA</u>	<u>OTHER MULT TRAUMA</u>	<u>1.8753</u>	<u>4.78</u>
<u>488</u>	<u>488 - H.I.V. W/EXTENSIVE O.R.</u>	<u>H.I.V. W/EXTENSIVE O.R.</u>	<u>4.9945</u>	<u>17.40</u>
<u>489</u>	<u>489 - H.I.V. W/MAJ RELATED COND</u>	<u>H.I.V. W/MAJ RELATED COND</u>	<u>2.0527</u>	<u>10.24</u>
<u>490</u>	<u>490 - H.I.V. W OR W/O RELATED CC</u>	<u>H.I.V. W OR W/O RELATED CC</u>	<u>1.0517</u>	<u>5.40</u>
<u>491</u>	<u>491 - MAJ JOINT REATT - UPPER EXT</u>	<u>MAJ JOINT REATT -UPPER EXT</u>	<u>1.6226</u>	<u>5.90</u>
<u>492</u>	<u>492 - CHEM WITH ACUTE LEUK 2ND D</u>	<u>CHEM WITH ACUTE LEUK 2ND D</u>	<u>1.6203</u>	<u>6.53</u>
<u>493</u>	<u>493 - LAPAROSCOPIC CHOL W/OCDE CC</u>	<u>LAPAROSCOPIC CHOL W/OCDE CC</u>	<u>1.2717</u>	<u>3.47</u>
<u>494</u>	<u>494 - LAPAROSCOPIC CHOL W/O CDE</u>	<u>LAPAROSCOPIC CHOL W/O CDE</u>	<u>0.8893</u>	<u>1.83</u>
<u>495</u>	<u>495 - LUNG TRANSPLANT</u>	<u>LUNG TRANSPLANT</u>	<u>22.1316</u>	<u>24.30</u>

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
496	496 - SPINAL FUSION	SPINAL FUSION	5.2590	11.60
497	497 - SPINAL FUSION W CC	SPINAL FUSION W CC	3.3414	6.80
498	498 - SPINAL FUSION W/O CC	SPINAL FUSION W/O CC	1.5323	2.35
499	499 - BACK & NECK EXC SPNL FUSION W CC	BACK & NECK EXC SPNL FUSION W CC	1.8271	5.30
500	500 - BACK & NECK EXC SPNL FSN W/O CC	BACK & NECK EXC SPNL FSN W/O CC	0.9324	2.21
501	501 - KNEE PROC W PDX OF INFEC W CC	KNEE PROC W PDX OF INFEC W CC	3.0989	11.30
502	502 - KNEE PROC W PDX OF INFCTN W/O CC	KNEE PROC W PDX OF INFCTN W/O CC	1.6389	7.10
503	503 - KNEE PROCEDURES W/O PDX OF INF	KNEE PROCEDURES W/O PDX OF INF	1.1509	4.40
504	504 - EXT 3RD DEG BURN W SKIN GRAFT	EXT 3RD DEG BURN W SKIN GRAFT	17.2663	23.70
505	505 - EXT 3RD DEG BURN W/O SKIN GRAFT	EXT 3RD DEG BURN W/O SKIN GRAFT	2.9046	2.30
506	506 - BURN W SK GRFT OR INHAL INJ W CC	BURN W SK GRFT OR INHAL INJ W CC	7.3429	12.20
507	507 - BURN W SK GRFT INHAL INJ W/O CC	BURN W SK GRFT INHAL INJ W/O CC	1.0794	6.60
508	508 - BURN W/O SK GRAFT OR IN INJ W CC	BURN W/O SK GRAFT OR IN INJ W CC	2.0362	5.30
509	509 - BURN W/O SK GRAFT IN INJ W/O CC	BURN W/O SK GRAFT IN INJ W/O CC	1.1557	3.40
510	510 - NON-EXT BURNS W CC	NON-EXT BURNS W CC	1.0138	4.90
511	511 - NON-EXT BURNS W/O CC	NON-EXT BURNS W/O CC	1.0800	3.50
512	512 - SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	6.5961	14.03
513	513 - PANCREAS TRANSPLANT	PANCREAS TRANSPLANT	6.6631	10.71
514	514 - CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH	CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH	7.2636	7.40
515	515 - CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	5.6939	4.64
516	516 - PERCUTANEOUS CARDIOVASC PROC W AMI	PERCUTANEOUS CARDIOVASC PROC W AMI	3.1347	4.53
517	517 - PERC CARDIO PROC W CORONARY ARTERY STENT W/O AMI	PERC CARDIO PROC W CORONARY ARTERY STENT W/O AMI	2.4392	2.10
518	518 - PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI	PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI	1.9383	2.76
519	519 - CERVICAL SPINAL FUSION W CC	CERVICAL SPINAL FUSION W CC	2.6526	4.20
520	520 - CERVICAL SPINAL FUSION W/O CC	CERVICAL SPINAL FUSION W/O CC	1.6196	1.88
521	521 - ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	0.8392	5.52
522	522 - ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC	0.7130	9.50

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
523	523 - ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC	ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC	0.4560	3.87
524	524 - TANSIENT ISCHEMIA	TANSIENT ISCHEMIA	0.8258	3.80
525	524 - HEART ASSIST SYSTEM IMPLANT	HEART ASSIST SYSTEM IMPLANT	13.2891	18.30
526	525 - PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W AMI	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W AMI	3.5569	5.20
527	526 - PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	2.8913	2.90
800	800 - REHAB - SPINAL/PARA	REHAB - SPINAL/PARA	7.1573	63.00
801	801 - REHAB - SPINAL/QUAD	REHAB - SPINAL/QUAD	10.4496	92.00
802	802 - REHAB - HEAD	REHAB - HEAD	5.0694	24.18
803	803 - REHAB - STROKE	REHAB - STROKE	4.5027	38.00
804	804 - REHAB - OTHER	REHAB - OTHER	3.3791	14.95
850	385-1a - NEONATE XFERED OR EXPIRED (Died <= 1 day)	DRG 385 - NEONATE XFERED OR EXPIRED (Died <= 1 day)	0.3784	1.00
851	385-1b - NEONATE XFERED OR EXPIRED (Died >= 2 days)	DRG 385 - NEONATE XFERED OR EXPIRED (Died >= 2 days)	5.0624	4.63
852	385-2a - NEONATE XFERED OR EXPIRED (Transferred <= 10 days)	DRG 385 - NEONATE XFERED OR EXPIRED (Transferred <= 10 days)	0.5357	1.00
853	385-2b - NEONATE XFERED OR EXPIRED (Transferred >= 11 days)	DRG 385 - NEONATE XFERED OR EXPIRED (Transferred >= 11 days)	7.7079	20.37
860	386-1 - NEONATE EXTREM IMMATUR/RDS - 1 - < 500 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS < 500 grams	15.6738	57.95
861	386-2 - NEONATE EXTREM IMMATUR/RDS - 2 - 500 to 749 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 500 to 749 grams	13.9716	51.90
862	386-3 - NEONATE EXTREM IMMATUR/RDS - 3 - 750 to 999 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 750 to 999 grams	12.2695	45.85
863	386-4 - NEONATE EXTREM IMMATUR/RDS - 4 - 1000 to 1199 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 1000 to 1199 grams	10.5674	39.80
864	386-5 - NEONATE EXTREM IMMATUR/RDS - 5 - 1250 to 1499 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 1250 to 1499 grams	8.3038	32.67
865	386-6 - NEONATE EXTREM IMMATUR/RDS - 6 - 1500 to 1749 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 1500 to 1749 grams	8.0602	29.19
866	386-7 - NEONATE EXTREM IMMATUR/RDS - 7 - 1750 to 1999 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 1750 to 1999 grams	5.3518	21.95
867	386-8 - NEONATE EXTREM IMMATUR/RDS - 8 - 2000 to 2499 grams	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 2000 to 2499 grams	3.5329	14.92
868	386-9a - NEONATE EXTREM IMMATUR/RDS - 9 - 2500 grams and over	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 2500 grams and over (with ICD9 Proc code = 9672)	6.8751	27.84

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
869	386-9b - NEONATE EXTREM IMMATUR/RDS - 9 - 2500 grams and over	DRG 386 - NEONATE EXTREM IMMATUR/RDS - 2500 grams and over (w/o ICD9 Proc code = 9672)	3.5019	19.05
880	387-1 - PREMATUIRE W/MAJ PROBLEMS - 1 < 500 grams	DRG 387 - PREMATUIRE W/MAJ PROBLEMS - < 500 grams	10.7859	51.01
881	387-2 - PREMATUIRE W/MAJ PROBLEMS - 2 - 500 to 749 grams	DRG 387 - PREMATUIRE W/MAJ PROBLEMS - 500 to 749 grams	9.5588	45.27
882	387-3 - PREMATUIRE W/MAJ PROBLEMS - 3 - 750 to 999 grams	DRG 387 - PREMATUIRE W/MAJ PROBLEMS - 750 to 999 grams	8.3317	39.53
883	387-4 - PREMATUIRE W/MAJ PROBLEMS - 3 - 1000 to 1199 grams	DRG 387 - PREMATUIRE W/MAJ PROBLEMS - 1000 to 1199 grams	7.1046	33.79
884	387-5 - PREMATUIRE W/ MAJ PROBLEMS - 5 - 1250 to 1499 grams	DRG 387 - PREMATUIRE W/ MAJ PROBLEMS - 1250 to 1499 grams	5.7509	27.78
885	387-6 - PREMATUIRE W/ MAJ PROBLEMS - 6 - 1500 to 1749 grams	DRG 387 - PREMATUIRE W/ MAJ PROBLEMS - 1500 to 1749 grams	5.2006	24.33
886	387-7 - PREMATUIRE W/ MAJ PROBLEMS - 7 - 1750 to 1999 grams	DRG 387 - PREMATUIRE W/ MAJ PROBLEMS - 1750 to 1999 grams	3.0829	14.89
887	387-8 - PREMATUIRE W/ MAJ PROBLEMS - 8 - 2000 to 2499 grams	DRG 387 - PREMATUIRE W/ MAJ PROBLEMS - 2000 to 2499 grams	1.7319	9.15
888	387-9 - PREMATUIRE W/ MAJ PROBLEMS - 9 - 2500 grams and over	DRG 387 - PREMATUIRE W/ MAJ PROBLEMS - 2500 grams and over	0.9168	6.67
900	900 - SCHIZOPHRENIA (UNDER AGE 13)	SCHIZOPHRENIA (UNDER AGE 13)	3.2019	32.00
901	901 - SCHIZOPHRENIA (OVER AGE 13)	SCHIZOPHRENIA (OVER AGE 13)	1.5009	15.00
902	902 - PSYCHOSIS (UNDER AGE 13)	PSYCHOSIS (UNDER AGE 13)	2.3119	27.00
903	903 - PSYCHOSIS (OVER AGE 13)	PSYCHOSIS (OVER AGE 13)	1.3882	9.48
904	904 - NEUROTIC DEPRESSION (UNDER AGE 13)	NEUROTIC DEPRESSION (UNDER AGE 13)	3.4020	34.00
905	905 - NEUROTIC DEPRESSION (OVER AGE 13)	NEUROTIC DEPRESSION (OVER AGE 13)	1.6009	16.00
906	906 - ANXIETY (UNDER AGE 13)	ANXIETY (UNDER AGE 13)	0.3001	3.00
907	907 - ANXIETY (OVER AGE 13)	ANXIETY (OVER AGE 13)	0.4002	4.00
908	908 - MISC. NEUROSIS (UNDER AGE 13)	MISC. NEUROSIS (UNDER AGE 13)	0.4002	4.00
910	910 - PSYCHOPHYSIOLOGIC(UNDER AGE 13)	PSYCHOPHYSIOLOGIC(UNDER AGE 13)	0.2001	2.00
911	911 - PSYCHOPHYSIOLOGIC (OVER AGE 13)	PSYCHOPHYSIOLOGIC (OVER AGE 13)	0.3001	3.00
912	912 - ADJUST. REACTIONS (UNDER AGE 13)	ADJUST. REACTIONS (UNDER AGE 13)	1.5009	15.00

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ATTACHMENT 4.19-A (TABLES)

DRG	DRG Description	Description	Weight	ALOS
913	<u>913 - ADJUST. REACTIONS (OVER AGE 13)</u>	<u>ADJUST. REACTIONS (OVER AGE 13)</u>	<u>0.7004</u>	<u>7.00</u>
914	<u>914 - MISC. DISORDERS (UNDER AGE 13)</u>	<u>MISC. DISORDERS (UNDER AGE 13)</u>	<u>0.9649</u>	<u>23.00</u>
915	<u>915 - MISC. DISORDERS (OVER AGE 13)</u>	<u>MISC. DISORDERS (OVER AGE 13)</u>	<u>0.8974</u>	<u>18.00</u>

512	<u>512 - SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT</u>	<u>SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT</u>	<u>6.5961</u>	<u>14.03</u>
513	<u>513 - PANCREAS TRANSPLANT</u>	<u>PANCREAS TRANSPLANT</u>	<u>6.6631</u>	<u>10.71</u>
514	<u>514 - CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH</u>	<u>CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH</u>	<u>7.2636</u>	<u>7.40</u>
515	<u>515 - CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH</u>	<u>CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH</u>	<u>5.6939</u>	<u>4.64</u>
516	<u>516 - PERCUTANEOUS CARDIOVASC PROC W AMI</u>	<u>PERCUTANEOUS CARDIOVASC PROC W AMI</u>	<u>3.1347</u>	<u>4.53</u>
517	<u>517 - PERC CARDIO PROC W CORONARY ARTERY STENT W/O AMI</u>	<u>PERC CARDIO PROC W CORONARY ARTERY STENT W/O AMI</u>	<u>2.4392</u>	<u>2.10</u>
518	<u>518 - PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI</u>	<u>PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI</u>	<u>1.9383</u>	<u>2.76</u>
519	<u>519 - CERVICAL SPINAL FUSION W CC</u>	<u>CERVICAL SPINAL FUSION W CC</u>	<u>2.6526</u>	<u>4.20</u>
520	<u>520 - CERVICAL SPINAL FUSION W/O CC</u>	<u>CERVICAL SPINAL FUSION W/O CC</u>	<u>1.6196</u>	<u>1.88</u>
521	<u>521 - ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC</u>	<u>ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC</u>	<u>0.8392</u>	<u>5.52</u>
522	<u>522 - ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC</u>	<u>ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC</u>	<u>0.7130</u>	<u>9.50</u>
523	<u>523 - ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC</u>	<u>ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC</u>	<u>0.4560</u>	<u>3.87</u>

TABLES USED IN DRG RATE CALCULATIONS:

TABLE 2, DOLLAR UNIT MULTIPLIER_

FISCAL YEAR	DRG BASE AMOUNT	OUTLIER PAYMENT FACTOR
Fiscal Year 2002	\$5,360.05	2.5000
Fiscal Year 2003	\$5,668.79	2.5650
Fiscal Year 2004	\$5,668.79	2.746

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TABLES USED IN DRG RATE CALCULATIONS:

TABLE 3, HOSPITAL OUTLIER FACTORS

HOSPITAL FACTORS		FY 2002		
No	Hosp	DSH	GME	OUTLIER
1	Alta View	0.0000	0.0000	0.9195
2	American Fork	0.0116	0.0000	1.0504
3	Cottonwood	0.0000	0.0000	0.8551
4	Davis Hospital and Medical Center	0.0000	0.0000	0.8775
5	Dixie Regional Medical Center	0.0116	0.0000	0.9861
6	Jordan Valley	0.0000	0.0000	0.7049
7	L.D.S.	0.0116	0.0241	0.7832
8	Lakeview	0.0000	0.0000	0.8070
9	Logan Regional Hospital	0.0116	0.0000	1.0411
10	McKay-Dee	0.0116	0.0174	0.7982
11	Mountain View	0.0000	0.0000	0.7354
12	Ogden Regional	0.0000	0.0000	0.8784
13	Orem	0.0116	0.0000	0.9573
14	Pioneer	0.0000	0.0000	0.8121
15	Primary Children's	0.0530	0.0745	0.7691
16	Rocky Mountain Regional Medical Center	0.0000	0.0000	0.8000
17	Salt Lake Regional	0.0000	0.0432	0.7625
18	St. Mark's	0.0116	0.0141	0.7748
19	Timpanogos	0.0000	0.0000	0.7264
20	University	0.0698	0.1036	0.6414
21	Utah Valley	0.0116	0.0096	0.8834
HOSPITAL FACTORS		FY 2003		
No	Hosp	DSH	GME	OUTLIER
1	Alta View	0.0000	0.0000	0.9135
2	American Fork	0.0116	0.0000	0.9771
3	Cottonwood	0.0000	0.0000	0.8719
4	Davis Hospital and Medical Center	0.0000	0.0000	0.9231
5	Dixie Regional Medical Center	0.0116	0.0000	0.9691
6	Jordan Valley	0.0000	0.0000	0.7345
7	L.D.S.	0.0116	0.0000	0.7894
8	Lakeview	0.0000	0.0000	0.8877
9	Logan Regional Hospital	0.0116	0.0000	1.0098
10	McKay-Dee	0.0116	0.0000	0.7843
11	Mountain View	0.0000	0.0000	0.7704
12	Ogden Regional	0.0000	0.0000	0.7966
13	Orem	0.1160	0.0000	0.7905
14	Pioneer	0.0000	0.0000	0.7589
15	Primary Children's	0.0530	0.0000	0.8394

03-010 Effective for discharges occurring on or after October 1, 2003

ATTACHMENT 4.19-A (TABLES)

16	Rocky Mountain Regional Medical Center	0.0000	0.0000	0.3000
17	Salt Lake Regional	0.0116	0.0000	0.7075
18	St. Mark's	0.0000	0.0000	0.7457
19	Timpanogos	0.0000	0.0000	0.8213
20	University	0.0698	0.0000	0.6774
21	Utah Valley	0.0116	0.0000	0.8255
	(Outlier Effective Nov. 1, 2003, DSH & GME Effective January 1, 2004)	FY 2004		
HOSPITAL FACTORS				
No	Hosp	DSH	GME	OUTLIER
1	Alta View	0100.00	0100.00	0100.58
2	American Fork	0100.66	0100.00	0092.36
3	Cottonwood	0100.00	0100.00	0093.06
4	Davis Hospital and Medical Center	0100.00	0100.00	0084.03
5	Dixie Regional Medical Center	0100.66	0100.00	0098.31
6	Jordan Valley	0100.00	0100.00	0070.40
7	L.D.S.	0100.66	0100.00	0080.10
8	Lakeview	0100.00	0100.00	0084.18
9	Logan Regional Hospital	0100.66	0100.00	0101.32
10	McKay-Dee	0100.66	0100.00	0077.95
11	Mountain View	0100.00	0100.00	0079.83
12	Ogden Regional	0100.00	0100.00	0077.89
13	Orem	0100.66	0100.00	0082.20
14	Pioneer	0100.00	0100.00	0070.61
15	Primary Children's	0102.40	0100.00	0084.01
16	Rocky Mountain Regional Medical Center	0100.66	0100.00	0070.79
17	Salt Lake Regional	0105.88	0100.00	0100.00
18	St. Mark's	0100.66	0100.00	0072.12
19	Timpanogos	0100.00	0100.00	0079.60
20	University	0105.58	0100.00	0068.48
21	Utah Valley	0100.66	0100.00	0085.31

INPATIENT HOSPITAL
Section 100 Payment Methodology (Continued)

140 Transfer Patients -- Except as otherwise specified in the State Plan, the federal Medicare methodology will be followed for transfer patients. The hospital which transfers the patient will be paid the DRG per diem fee for each day of care. The per diem is determined by calculating the DRG payment, dividing by the ALOS, and adding one day. Except as provided in the State Medicaid Plan, payment to the transferring hospital may not exceed the full prospective DRG payment rate. In cases of distinct rehabilitation units and hospitals excluded from the DRG prospective payment system, the transfers will be considered discharges and the full DRG payment, including outliers, will be paid. To be eligible for Medicaid payments, the exempt distinct rehabilitation unit must be part of an acute hospital. When a person is appropriately admitted and cared for in an acute hospital and is appropriately transferred to another hospital for extended specialized service and later transferred back to the first hospital, the first hospital is paid the full DRG for the combined stays while the other hospital is paid a per diem under the transfer payment policy. Such per diem payments are not restricted by the DRG payment limitation. Transfers involving hospitals excluded from DRGs will also be paid based on their respective payment methodology.

145 Split Eligibility -- When a Medicaid patient is eligible for only part of the hospital stay, the Medicaid payment will be calculated by the following formula:

$$\text{Claim Payment} = \text{Medicaid Eligible Days divided by Total Hospital Days} \times \text{Full Medicaid Payment}$$

The split eligible payment constitutes payment in full for all services rendered on those days on which the patient was eligible for Medicaid and must be accepted as such by the provider hospital. The hospital may not bill the patient for any services rendered on those days. In contrast, the hospital can bill the patient full charges for services rendered during those days that the patient is not eligible for Medicaid. When both third-party payments and split eligibility are involved, the third-party payment will first be applied to the period prior to eligibility. Any remaining TPL will be used to reduce the Medicaid payment.

160 Services Covered by DRG Payments -- Medicaid adopts the general provision of the bundling concepts used by Medicare. Physicians, including resident physicians and nurse anesthetists may bill separately under their own provider numbers. Such billings are in addition to the DRG payment. All other inpatient hospital services, as defined by Medicare, are covered by the DRG system. DRGs are paid for inpatient hospital admissions when a baby is delivered even though the mother or baby is discharged in less than 20 hours.

161 Donor Organs -- Medicaid adopts the general Medicare definitions to determine payment for approved donor organs. Medicare regulations and guidelines are used to establish payment amounts for donated organs.

162 Shaken Baby Syndrome Project -- In accordance with a national initiative to educate parents to the dangers of shaken baby syndrome, Utah will participate in an educational effort

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INPATIENT HOSPITAL
Section 100 Payment Methodology (Continued)

provided through hospitals. Payment for this educational effort is calculated at \$6.00 per delivery in the state. Utah Medicaid will reimburse each DRG hospital \$6.00 for all identified Medicaid deliveries (including Medicaid HMO deliveries). Payment will be made to each DRG hospital on a quarterly or annual basis based upon claims data. Rural hospitals receive payment for this project as a percentage of their charges.

165 DRG Determinations -- The Medicare DRG " grouper" software will be used for Medicaid. When changes are made, Utah Medicaid will adopt the changes within 31 days of the Medicare implementation date.

180 Utilization Review and Control of Inpatient Hospital Services -- Payment may be denied or withheld for inpatient hospital services which do not meet Medicaid regulations or criteria for medical necessity and appropriateness. Medicare regulations and guidelines apply when additional clarification or explanation is required. In the event payment is made and the services are subsequently deemed inappropriate or unnecessary, the payment(s) can be recovered through offsets to future payments. Payment may be denied or withheld in the following circumstances:

1. The inpatient care provided in an acute care facility is not medically necessary based on InterQual Criteria for inpatient admission.
2. The claim is based on an incorrect principal diagnosis.
3. The services or procedures requiring prior authorization have been provided without obtaining the appropriate prior authorization.
4. The patient is transferred when there is no medical justification. In the case of inappropriate transfers, the discharging hospital receives the full DRG and the transferring hospital is denied payment.
5. The patient has been readmitted within 30 days of discharge for the same or similar diagnosis. Except for cases related to pregnancy, neonatal jaundice, or chemotherapy, all readmissions within 30 days of a previous discharge will be reviewed to ensure that Medicaid criteria have been met for: 1) severity of illness, 2) intensity of service, 3) appropriate discharge planning, and 4) financial impact to the State. Outlier days will be paid where appropriate. In addition, all claims are subject to post payment review.

Determinations of medical necessity and appropriateness will be made in accordance with, but not limited to, the following criteria and protocols:

1. The Diagnostic Related Group (DRG) system that was established to recognize the relative amount of resources consumed to treat a specific type of patient. The Utah

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INPATIENT HOSPITAL
Section 100 Payment Methodology (Continued)

DRG weight, average length of stay (ALOS), and outlier threshold days are extracted from Utah Medicaid paid claims history files, where available, or from the U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA).

2. The comprehensive, clinically-based, patient-focused medical review criteria and system developed by InterQual, Inc.
3. The appropriate, Utah-specific Administrative Rules or criteria developed through the Utilization Review Committee for programs and services not otherwise addressed.
4. The determination, where deemed necessary, of the Utilization Review Committee. The Committee must include at least two physicians and two registered nurses. The Committee will review and make recommendation on complicated or questionable individual cases.

190 Exempt Hospitals -- Two categories of hospitals are exempt from DRGs:

The State Hospital will continue to be reimbursed per diem cost for each operating unit. The per diem is calculated using Medicare regulations to definite allowable costs. In applying cost reimbursement principles, the Utah State Hospital is required to capitalize only those assets costing more than \$5,000.00. A separate per diem is calculated for each operating unit. Therapeutic leave days are included in the total count of Medicaid days, unless the patient was discharged. However, if a patient is admitted as an inpatient to a second hospital, the patient is deemed to be discharged from the State hospital and the days are not counted. The day count used in the Medicaid cost settlement must be consistently applied for all admissions for all classes and/or groups of patients. Because of their unique patient population, the Utah State Hospital is not part of the DRG system. Medicaid does not use the Medicare methodology to pay an average cost per discharge.

TEFRA limits do not apply because of long lengths of stay experienced by many of the patients.

Rural hospitals located in rural areas of the state are exempt from DRG. Medicare definition of "rural hospital" is adopted by Medicaid. Rural hospitals are paid 93 percent of charges.

194 Specialty Out-Of-State Hospitals -- These hospitals provide inpatient services that are not available in the State of Utah. To qualify for this special payment provision, prior authorization must be obtained from the Utah State Department of Health, Division of Health Care Financing. The payment amount will be established by direct negotiations for each approved patient. The DRG method may or may not be used depending on the negotiated payment. Typically, the Medicaid rate in the State where the hospital is located is paid.

196 Short Stays -- Generally, patients discharged from the hospitals in less than 24 hours are classified and billed as "outpatient." An exception to this policy involves maternity care. DRGs 370-375 and 388-391 cover deliveries and babies. These services are paid as inpatient services under the DRG system.

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INPATIENT HOSPITAL
Section 200 Other Payments

210 Small Volume Utah and Out-of-State Hospitals -- Except as provided in Section 190, payment will be made under the same DRG methodology as in-state urban hospitals.

240 Sub-acute Care and Swing-beds -- This policy pertains to patients that do not require acute hospital care.

- When sub-acute care patients receive medically necessary services in an inpatient hospital setting, payment is made at the swing-bed rate. Because sub-acute patients require a lower level of care, the rate is lower than the rate paid for acute hospital services. The sub-acute rate is calculated using the criteria specified in 42 CFR 447.280(a)(1).
- When nursing home beds are not immediately available in the community, patients may receive skilled or intermediate nursing care in a bed of a qualified hospital. Rural hospitals typically qualify for the swing-bed program. Payment is made at the swing-bed rate using the criteria specified in 42 CFR 447.280(a)(1). Patients are transferred to licensed nursing home beds in certified facilities when such beds are available in the community.
- Services provided in hospitals licensed as chronic disease or rehabilitation will be paid the nursing facility intensive skilled rate defined in Section 1000 of Attachment 4.19-D of the State Plan, as modified by this Section. Rehabilitation days of care require prior approval to qualify for payment. Intensive skilled rates are negotiated for individual patients. In determining the intensive skilled rates for hospital rehabilitation units, therapy costs are allowed to be included with nursing costs referenced in therapy costs are allowed to be included with nursing costs referenced in Attachment 4.19-D, Section 1000. In addition, the intensive skilled payment is limited to the amount Medicare would pay for the same services at the same facility.

241 Insignificant Billing Variances -- When the Medicaid payment is determined using the billed usual and customary charges (i.e., rural hospitals), insignificant billing errors may be processed. To expedite payment and to reduce administrative effort, Medicaid pays the lesser of the detailed charges or the total charges, if the difference is ten dollars or less.

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INPATIENT HOSPITAL
Section 200 Other Payments (Continued)

250 Payment for Emergency Days -- Emergency days for inpatient psychiatric services cover the time between admission and the first service date authorized by the Medicaid prior authorization staff. Emergency days under the DRG system will be paid a per diem for each approved day. As with transfer patients, the DRG per diem will be calculated by dividing the DRG payment by the geometric mean length of stay.

251 Third-party Payment -- When insurance or other third-party payors have responsibility for payment, Medicaid is the payor of last resort. The amount paid by Medicaid is limited to the patient's liability. Further, Medicaid payment for specified Medicare crossover claims will be the lower of: (1) the allowed Medicaid payment rate less the amounts paid by Medicare and other payors, or (2) the Medicare co-insurance and deductibles.

252 Interim Payments -- There are two types of interim payments for DRG hospitals. First, hospital stays in excess of 90 days may be billed under the DRG system prior to discharge with prior approval. The interim bill is paid at 60% of the allowed charge. Second, an interim payment may be granted when the lag time between the date of service and the date of payment for a specific hospital is above the "mean" processing time for all DRG hospitals. In addition, the hospital requesting the interim payment must be able to document a cash flow problem that could impair patient care. The amount of the interim payment is based on the cash flow needs of the hospital not to exceed the Medicaid interim payment limit. The interim payment limit is calculated by multiplying the number of days above the "mean" processing time by the average daily Medicaid payment.

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INPATIENT HOSPITAL
Section 400 Adjustments for Disproportionate Share Hospitals

409 Introduction -- This section establishes criteria for identifying and paying disproportionate share hospitals (DSH). For the purpose of paying disproportionate share hospitals, there are five types of hospitals: First, private hospitals licensed as general acute hospitals located in urban counties; Second, general acute hospitals located in rural counties; Third, the State Psychiatric Hospital; Fourth, the State Teaching Hospital, and Fifth, Childrens' Hospitals.

410 Definitions – For purposes of this section, the following definitions apply:

- A. Medicaid Inpatient Utilization Rate (MIUR) is the percentage derived by dividing Medicaid hospital Inpatient days (including Medicaid managed care inpatient days) by total inpatient days.
- B. Low Income Utilization Rate (LIUR) is the percentage derived by dividing total Medicaid revenues (including Medicaid managed care revenues) plus UMAP revenues by total revenues and adding that percentage to the percentage derived from dividing total charges for charity care by total charges.
- C. Indigent patient days is the total of Medicaid patient days (including managed care days) plus UMAP patient days and other documented charity care days.
- D. UMAP is the Utah Medical Assistance plan operated for low income (indigent) recipients not eligible for Medicaid.

411 Obstetrical Services Requirement -- Hospitals offering non-emergency obstetrical services must have at least two obstetricians providing such services. For rural hospitals, an "obstetrician" is defined to include any physician with staff privileges who performs non-emergency obstetrical services at the hospital. This requirement does not apply to children's hospitals nor to hospitals which did not offer non-emergency obstetrical services as of December 22, 1987.

412 Minimum Utilization Rate — All DSH hospitals must maintain a minimum of 1% Medicaid Inpatient Utilization Rate.

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INPATIENT HOSPITAL
Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

413 Hospitals Deemed Disproportionate Share -- A hospital is deemed a disproportionate share provider if, in addition to meeting the obstetrical (Section 411) and the minimum utilization rate requirements (Section 412), it meets at least one of the following five conditions:

- A. The hospital's MIUR is at least one standard deviation above the mean MIUR. The disproportionate share computed percentage is based on the number of percentage points that an individual hospital indigent patient days exceeds the statewide average plus one standard deviation.
- B. The hospital's LIUR rate exceeds 25 percent.
- C. The hospital's MIUR exceeds 14 percent.
- D. The hospital's UMAP participation is at least 10 percent of total hospital UMAP patient care charges.
- E. Hospitals located in rural counties qualify because they are sole community hospitals. A sole community hospital is defined as a hospital that is located more than 29 miles from another hospital.

414 Payment Adjustment for General Acute Urban (excluding State Teaching Hospital and Childrens' Hospital) -- General Acute Urban Hospitals (Paid by DRGs) and meeting the qualifying DSH criteria are paid a DSH amount on each inpatient claim. The DSH Factor is derived by dividing the indigent inpatient days by the total general acute days for each hospital and multiplying by a "ceiling factor". The "ceiling factor" is an artificial factor assigned to ensure that DSH payments do not exceed federal DSH limits. The resulting percentage (DSH Factor) is rounded to the nearest whole percent. The DSH payment amount is the product of the Medicaid DRG payment times the DSH factor.

415 Payment Adjustment for General Acute Rural -- General Acute Rural Hospitals are paid at a DSH payment amount on each inpatient claim. The hospital must qualify based on the criteria shown in section 413 above. The DSH factor is derived by dividing the indigent patient days by the total general acute days for each hospital and multiplying by a "ceiling factor". The "ceiling factor" is an artificial factor assigned to ensure that DSH payments do not exceed federal DSH limits. The resulting percentage (DSH factor) is rounded to the nearest whole percent. The DSH payment amount is the product of the Medicaid payment times the DSH factor.

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INPATIENT HOSPITAL
Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

416 Payment Adjustment for State Psychiatric Hospital -- The State Psychiatric Hospital is reimbursed on a retrospective annual cost settlement basis. Its DSH payment is calculated on the proportion of indigent days to total inpatient days. The indigent proportion is multiplied by a "ceiling factor". The "ceiling factor" is an artificial factor assigned to ensure that DSH payments do not exceed federal DSH limits. The result is the DSH factor which in turn is applied to the cost settlement amount. The DSH payment will necessarily be adjusted to reflect Federal DSH limit amounts. The DSH is paid as an interim payment during the year, with a final computation being completed with the settlement of the annual cost report.

416A Capitalization of Assets -- In establishing allowable cost, the Utah State Hospital is required to capitalize only those assets costing more than \$5,000.

417 Payment Adjustment for State Teaching Hospital -- The hospital's DSH factor is the ratio of indigent patient days to total patient days times a "ceiling factor". The "ceiling factor" is an artificial factor assigned to ensure that DSH payments do not exceed federal DSH limit amounts. The resulting DSH factor is rounded to the nearest whole percent. The DSH payment amount is the product of the Medicaid DRG payment times the DSH factor. The DSH payment amount will necessarily be adjusted to reflect Federal DSH limits.

418 Payment Adjustment for Childrens' Hospital -- The Childrens' hospital DSH factor will be computed as a separate category from other general acute hospitals. The DSH payment will necessarily be adjusted to reflect Federal DSH limit amounts. The hospital's DSH factor is the ratio of indigent inpatient days to total inpatient days times a "ceiling factor". This DSH factor is rounded to the nearest whole percent. The DSH payment amount is the product of the Medicaid DRG payment times the DSH factor. The DSH payment for this category of hospitals will have a base year of 1999, i.e., DSH payments will not be less than the amount paid under a previous hospital category (General Acute Urban), subject to Federal DSH limit adjustment.

421 Method and Timing of DSH Payments -- Each claim for payment to qualified providers includes a percentage add-on at the level specified for that facility. Each quarter the total amount of DSH to all qualified facilities is calculated. The amount, along with any preceding quarters for the current fiscal year, is used to predict the total amount that will be paid. If this exceeds the current DSH allotment, the payment level will be adjusted in order to correct for any potential overpayment. This adjustment will be applied to all hospitals proportionally, except for Childrens' hospital which will not be adjusted below the base year (see section 418).

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INPATIENT HOSPITAL
Section 500 Inpatient Rehabilitation Services

501 General -- Because of the wide variation in the length of stay for rehabilitation services under DRG 462, there is a need to refine the DRG criteria. Rehabilitative services under DRG 462 are subdivided into five groups. Each group has an established average length of stay and a base payment calculated in accordance with Section 122 of Attachment 4.19-A. Payments are made for outliers above the designated threshold consistent with other DRG payments.

510 Designated Groups -- Rehabilitation is subdivided into the following groups: (1) Spinal -- Para; (2) Spinal -- Quad; (3) Head; (4) Stroke; and (5) Other. "Spinal -- Para" includes patients with paraplegia who require an initial intensive inpatient rehabilitation program. "Spinal -- Quad" includes patients with quadriplegia who require an initial intensive inpatient rehabilitation program. "Head" includes patients with head trauma and with documented neurological deficits who require an initial intensive inpatient rehabilitation program. "Stroke" includes patients needing an initial intensive inpatient program because of disability due to a neurological deficit secondary to a recent cerebrovascular disease. "Other condition" includes patients with a neurological/neuromuscular disease or other disorder requiring intensive inpatient rehabilitation. The State Medicaid Agency requires prior approval of all classifications.

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INPATIENT HOSPITAL
Section 600 Inpatient Medicaid DRG Refinement

601 General – Due to the unique nature of Medicaid population, selected Medicare DRG have been refined and expanded into additional DRGs.

610 Neonate DRGs – Discharges under DRGs 385, 386, and 387 for neonate DRGs are broken out as follows:

DRG	Description
850	DRG 385 - NEONATE XFERED OR EXPIRED (Died <= 1 day)
851	DRG 385 - NEONATE XFERED OR EXPIRED (Died >= 2 day)
852	DRG 385 - NEONATE XFERED OR EXPIRED (Transferred <= 10 days)
853	DRG 385 - NEONATE XFERED OR EXPIRED (Transferred >= 11 days)
860	DRG 386 - NEONATE EXTREM IMMATUR/RDS <500 grams
861	DRG 386 - NEONATE EXTREM IMMATUR/RDS -500 to 749 grams
862	DRG 386 - NEONATE EXTREM IMMATUR/RDS -750 to 999 grams
863	DRG 386 - NEONATE EXTREM IMMATUR/RDS -1000 to 1199 grams
864	DRG 386 - NEONATE EXTREM IMMATUR/RDS -1250 to 1499 grams
865	DRG 386 - NEONATE EXTREM IMMATUR/RDS -1500 to 1749 grams
866	DRG 386 - NEONATE EXTREM IMMATUR/RDS -1750 to 1999 grams
867	DRG 386 - NEONATE EXTREM IMMATUR/RDS -2000 to 2499 grams
868	DRG 386 - NEONATE EXTREM IMMATUR/RDS -2500 grams and over (with ICD9 Proc code = 9672)
869	DRG 386 - NEONATE EXTREM IMMATUR/RDS -2500 grams and over (w/o ICD9 Proc code = 9672)
880	DRG 387 - PREMATURE W/MAJ PROBLEMS - <500 grams
881	DRG 387 - PREMATURE W/MAJ PROBLEMS - 500 to 749 grams
882	DRG 387 - PREMATURE W/MAJ PROBLEMS - 750 to 999 grams
883	DRG 387 - PREMATURE W/MAJ PROBLEMS - 1000 to 1199 grams
884	DRG 387 - PREMATURE W/MAJ PROBLEMS - 1250 to 1499 grams
885	DRG 387 - PREMATURE W/MAJ PROBLEMS - 1500 to 1749 grams
886	DRG 387 - PREMATURE W/MAJ PROBLEMS - 1750 to 1999 grams
887	DRG 387 - PREMATURE W/MAJ PROBLEMS - 2000 to 2499 grams
888	DRG 387 - PREMATURE W/MAJ PROBLEMS - 2500 grams and over

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INPATIENT HOSPITAL
Section 600 Inpatient Medicaid DRG Refinement (Continued)

The fifth digit of ICD9-9-CM diagnosis codes 764 to 765 identifies birth weight. If no birth weight is provided in the medical record, the DRG with the highest birth weight will be paid.

620 Psychiatric DRGs – Psychiatric DRGs are as follows:

DRG	Description
900	SCHIZOPHRENIA (UNDER AGE 13)
901	SCHIZOPHRENIA (OVER AGE 13)
902	PSYCHOSIS (UNDER AGE 13)
903	PSYCHOSIS (OVER AGE 13)
904	NEUROTIC DEPRESSION (UNDER AGE 13)
905	NEUROTIC DEPRESSION OVER AGE 13)
906	ANXIETY (UNDER AGE 13)
907	ANXIETY (OVER AGE 13)
908	MISC. NEUROSIS (UNDER AGE 13)
909	MISC. NEUROSIS (OVER AGE 13)
910	PSYCHOPHYSIOLOGIC (UNDER AGE 13)
911	PSYCHOPHYSIOLOGIC (OVER AGE 13)
912	ADJUST. REACTIONS (UNDER AGE 13)
913	ADJUST. REACTIONS (OVER AGE 13)
914	MISC. DISORDERS (UNDER AGE 13)
915	MISC. DISORDERS (OVER AGE 13)

630 Rehab DRGs - Rehabilitation DRGs are as follows:

DRG	Description
800	REHAB - SPINAL/PARA
801	REHAB - SPINAL/QUAD
802	REHAB - HEAD
803	REHAB - STROKE
804	REHAB - OTHER

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INPATIENT HOSPITAL
Section 600 Health Profession Education

601 General -- Utah Department of Health shall support the education of health professionals through the use of Medicaid funds. All hospitals eligible for health profession education payments will be identified through the use of Medicare cost reports. Specifically, worksheets E and S will be utilized to identify the participating facilities. Both fee-for-service (FFS) and health maintenance organization (HMO) services will qualify for health professional education payments. Payments, as defined below, will be made quarterly through the state's MMIS payment system.

602 Payment Pool – The annual payment pool will be determined prior to the beginning of each year on July 1. Fiscal year 2001 was the first effective year of the “payment pool” and resulted in the payment of \$19,719,568 being allocated to the teaching providers. The amount in the payment pool will be adjusted annually by an amount not to exceed the consumer price index for the western region published by the U.S. department of Labor. Assuming a 3.8% annual CPI adjustment, the amount of the pool from fiscal year 2003 onward is estimated to be:

Fiscal Year Ending	Direct Graduate Medical Education Payments
6/30/2003	\$22,250,000
6/30/2004	\$23,095,500
6/30/2005	\$23,973,129
6/30/2006	\$24,884,108
6/30/2007	\$25,829,704

603 Pool Distribution – The pool will be distributed based upon the allocation percentage of each hospital. The hospital allocation percentage will be developed using prior year patient days (both HMO and FFS), and weighted intern and resident (I&R) full time equivalency (FTE). For example:

	(a) Weighted I & R FTEs	(b) Hospital Patient Days	(c) (a * b) Weighted FTE Days	(d) Hospital Allocation Percentage	Payment Pool
Hospital A	256	32,414	8,297,984	68.22%	13,508,170
Hospital B	62	10,611	657,882	5.41%	1,070,957
Hospital C	150	21,381	3,207,150	26.37%	5,220,874
	468	64,406	12,163,016		19,800,000

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INPATIENT HOSPITAL
Section 600 Health Profession Education

604 Weighted FTE – The Utah Medical Education Council (UMEC) will determine annually the weighting factor for each resident specialty that will be applied to the I&R FTEs as reported by each participating hospital.

605 Upper Payment Limit -- The aggregate Medicaid hospital payments, including health profession education payments will not exceed the amount that would be paid for the services furnished under Medicare payment principles in compliance with the 42 CFR 447 upper payment limit.

606 State Teaching Hospital – A separate funding pool will be established for payments to the state teaching hospital for Indirect Medical Education (“IME”). The state teaching hospital will receive an IME payment for each Medicaid discharge equal to the Medicare IME payment for the prior year without using the Medicare three-year rolling average. The annual IME payment will be made in four quarterly installments and will be equal to the per discharge IME amount times the hospital’s Medicaid discharges in the prior fiscal year. Payment under this section is in addition to payments described in §602 and §603. To the extent that such payments would cause the State to exceed the upper payment limit in §605, the IME per discharge amount will be ratably reduced so that aggregate payments to state hospitals shall not exceed the Medicare upper payment limit. It is estimated that the IME payments in the state fiscal year ending June 30, 2003 shall be \$14,892,745. The funding of these additional IME payments will be established yearly. The payment for the state fiscal year ending June 30, 2003 will be \$14,892,745.

The amount of the payment to the state teaching hospital will be computed utilizing Medicaid discharges outlined as follows: (Medicaid Discharges) X (IME - payment amount established on a per discharge basis). In 2003 this amount will be \$3,381.00 per discharge (14,892,745/3837). The actual rate calculation will be completed by means of the Medicare cost report form.

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Approval Date 5-27-03

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